

Web Site Questionnaire

Company Name:		Job #:	
Contact Person:		Designer:	
Phone:	Fax:	Project Title:	
Address:		Today's Date:	
City:	State:	Zip:	Proof Date:
Email:	Web Site:		Due Date:

PROJECT DESCRIPTION AND QUESTIONS: (ATTACH PAGES AS NEEDED)

PURPOSE OF WEB SITE:

AUDIENCE:

TYPE OF WEB SITE:

PAGE LINKS AND PAGE CONTENT: (ATTACH PAGES AS NEEDED)

Sound
 Video
 Flash
 Site Map
 PDF File
 Existing website
 New Design
 Forms
 Ecomm

Number of pages:
 Client Provides Content (text and images) Yes No

TECHNICAL SUPPORT: (HOSTING, FTP, DOMAIN AND KEYWORD INFORMATION)

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS AGREEMENT AS IT IS APPLIES TO THIS PROJECT DESCRIBED IN THIS DOCUMENT (TERMS ATTACHED)

CLIENT NAME: _____ APPROVAL SIGNATURE: _____ DATE: _____ DESIGNER APPROVAL: _____