

YOUR COMPANY AND PHONE NUMBERS GO HERE.

# Web Site Questionnaire

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

**PROJECT DESCRIPTION AND QUESTIONS: (ATTACH PAGES AS NEEDED)**

PURPOSE OF WEB SITE:

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AUDIENCE:

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TYPE OF WEB SITE:

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

Sound  
  Video  
  Flash  
  Director  
  Site Map  
  Message Board  
  PDF File  
  Template  
  Custom Design  
  Frames  
  Database  
  Forms  
  ecomm

Number of pages:      
 How many photos:      
 CGI Scripting:      
 Client Provides Copy  Yes  No

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

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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: \_\_\_\_\_