

Client & Web Site Info Sheet

Please Fax Completed Form To:
678-623-3987

Date:

Company Name:

Desired Color Scheme (2-3 recommended):

1.....

Contact Name:

2.....

3.....

Contact Phone:

Web sites with client's desired "look and feel"

1.....

Contact e-mail:

2.....

3.....

Number of Total Pages: _____

Navigation Type: TOP SIDE NO PREFERENCE

NEW SITE?

Before homepage proof can be started please be sure forward any logos, brochures, photos and starter copy.

RE-DESIGN OF EXISTING SITE (please include any special instructions on a separate page)

Client's Current URL:

Will new content (photos and copy) be added or will we be using existing copy only (circle)?

EXISTING Copy & Photos Only

NEW - Included with form

NEW - Client to Supply

Navigation Links:

If different than existing please list new Main Navigation Links and location they should be placed (Main Nav, Sub Nav, before or after a specific link, etc, include additional page if necessary):

OFFICE USE

Date Form Received:

Date Homepage Proof Sent:

Date Complete/Upload:

Date Materials Received:

**Date Pages Completed
w/ Supplied Content:**

Date Invoice Balance:

Date Deposit Rec'd:

Date Balance Received: