



Website Order Form

This worksheet is designed to help us get to an efficient start. Please complete and fax to 803.831.0280. We look forward to doing a great job for you.

Date ____/____/200____

Client Name _____ Associate/Associates _____

Name of Practice _____

Please list address and phone number the way you want to have it listed:

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Email _____

Which type of dentistry do you want your website to attract?

- Implants
 Family
 Cosmetic
 General
 Periodontal
 Ortho
 Pediatrics
 Sedation
 New Location
 Other _____

Will you be using your current logo? Yes No If yes, please send as a JPEG, EPS or Illustrator file.

Are we designing a new logo to be used in the website? Yes No

Please list other websites that appeal to you:

- Yes, I'm interested in getting started. Please begin the layout/design of our new website! (\$2600)
50% downpayment required. Site includes 6-10 pages with high quality, customized graphics, flash animation, photography and copywriting. Monthly hosting fee of \$35 includes an hour of updating time per month. Hosting fee is billed in 6 month increments (\$210). Quotes are available for more complex sites.
- I will complete and fax back the Website Questionnaire form right away!

Please charge to my M/C Visa Discover AMEX

Credit Card # _____

Expiration Date _____

Signature _____