Kelly Edgar Designs

Kelly@kellyedgar.com 805.312.2897

Web Site Questionnaire

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

PROJECT DESCRIPTION AND QUESTIONS: (ATTACH PAGES AS NEEDED)

PURPOSE OF WEB SITE:

AUDIENCE:

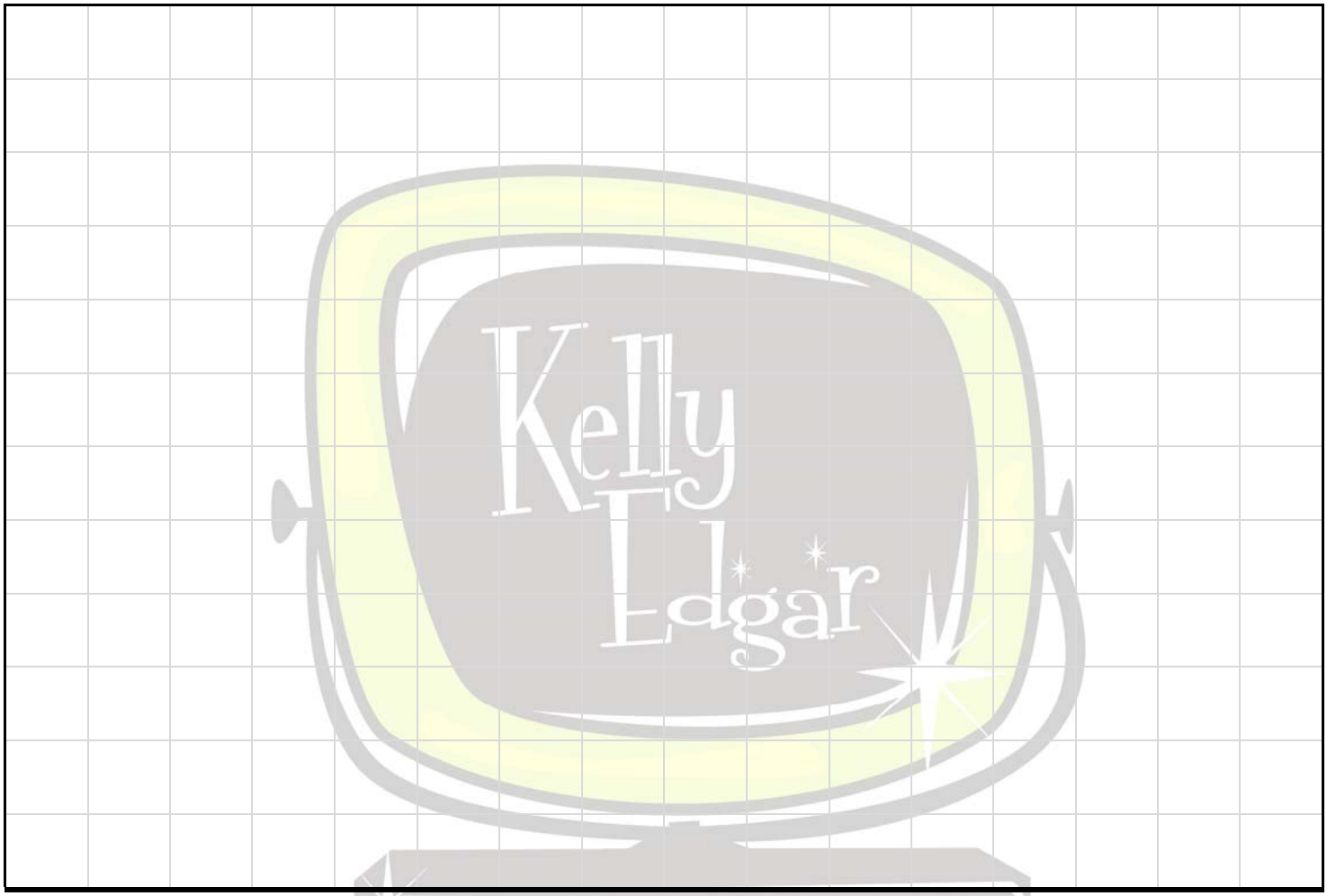
TYPE OF WEB SITE:

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

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

Kelly@kellyedgar.com 805.312.2897

WIRE FRAME:



NOTES:

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

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