

Website Design Worksheet



Company: _____	Contact: _____
Address: _____	Phone: _____
City: _____ State: _____ Zip: _____	E-Mail: _____

1.) Is this website a replacement for a current website? If so, what is the current website's url:

2.) What is the primary goal of the website? What 1 or 2 things do you most want your customers/ clients to learn on this website? _____

3.) Do you have any favorite websites that you visit frequently—websites that you like because of layout, design, color, scheme, ease of navigation, etc.—we can use as inspiration for designing your website? _____

4.) Do you have a corporate color scheme or several favorite colors you would like to see incorporated into the website design? _____

5.) Please briefly describe your company or organization: What do you specialize in? What sets you apart from others in your field? What do your customers most appreciate about your work? _____

6.) What is your preferred website domain name? _____

If your 1st choice is not available, can we check .net, .biz, etc.? _____

Are there 2 or 3 additional domain names we can check if your 1st choice is not available? _____

7.) Do you have a logo to be incorporated in the website design? _____

If so, is it available in digital form? _____

Please attach something (business card, letterhead, etc.) that includes a copy of your logo.

8.) Please check any/all of the following pages you would like included in the website design:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Home Page | <input type="checkbox"/> Information Page | <input type="checkbox"/> Map/Directions Page | <input type="checkbox"/> Contact Us |
| <input type="checkbox"/> Feedback Page | <input type="checkbox"/> F.A.Q Page | <input type="checkbox"/> Resources Page | <input type="checkbox"/> Links Page |
| <input type="checkbox"/> Coupons/Specials | <input type="checkbox"/> E-Mail Sign Up Page | <input type="checkbox"/> Biography Page | <input type="checkbox"/> Search Page |
| <input type="checkbox"/> About Us Page | <input type="checkbox"/> Photo Gallery | <input type="checkbox"/> Request Info Page | <input type="checkbox"/> Testimonials |
| <input type="checkbox"/> Catalogue/Product Pages (Approx. _____ catalogue or product pages) | | | |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | |

Any comments, suggestions, or direction you would like to give that will help us in designing your website? _____

Please fax completed form to: **215-723-6421.**

THANK YOU!