

## CUSTOM WEB DESIGN PROPOSAL FORM

In order for us to prepare a quote for your Web site, please answer the following questions:

Thank you for your Interest!

Do you already have a domain name reserved?

- YES (Existing)  
 NO (New)

If yes, what is it? www.\_\_\_\_\_

1. What is the goal of your Web site?

- Provide company information  
 E-Commerce  
 Extranet  
 Intranet

2. How many graphics would you like to have on your site?

- Light  
 Med  
 Heavy  
 None

3. Please describe specific features you would like the Web site to include (e.g. site search, shopping cart, multimedia, database, security, member registration, discussion/bulletin board, guest book, survey, auction, FAQ's, event registration, file downloading/uploading, time released content, etc.)

4. Please briefly describe this project and provide an outline of the topics you would like to include in your site. Attach an additional sheet if you need more room or already have an outline or site specifications prepared.

5. Approximately how many web pages do you think will be included in this design? (How many and what they are) like 3 (home, about us, contact us...and so on)

How many \_\_\_\_\_

They are:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, More.....

6. Who will be updating the information on your Web site?

I will

ADVT Software Services

7. How frequently will you be updating the information on your Web site?

Daily

Weekly

Monthly

Not Sure

7. When would you like your site to go live? \_\_\_\_\_

8. Do you require hosting? Yes/ No: \_\_\_\_\_

9. If you require e-commerce, how many products will you have?

Less than 100

100 – 500

500-1000

Over 1000

10. Please include any additional information about your request.

11. How long will you be accepting proposals? \_\_\_\_\_

### Contact Information

Organization \_\_\_\_\_

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code : \_\_\_\_\_ Country: \_\_\_\_\_

Is this the person we contact if we have questions about the proposal?

Yes

No

If No, who? Email: \_\_\_\_\_ telephone: \_\_\_\_\_



You should be contacted by ADVT Software Services representative within two (2) working days of reception of this form. If you do not hear from a representative, you may call us to confirm we received your email us at [contact@advtssoftwareservices.com](mailto:contact@advtssoftwareservices.com)

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(City, Date, Signature, Company stamp)

