

WEBSITE QUESTIONNAIRE

Company Name: _____

Contact Person: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Website: _____

For Internal Use Only

Job# _____

Project Title: _____

Date Started: _____

Notes:

Purpose and Type of website:

No. of Pages: ____ Will Client provide copy: Yes No eCommerce: Yes No Content Management: Yes No
SEO: Yes No SEM: Yes No Analytics: Yes No AdWords: Yes No Other:

Page Tabs (*Attach pages as needed*)**Page and Sub-page Names: (ie: Home, About Us, Products, etc.) and a Brief Page Description**