

DESKTOP & MOBILE WEBSITE APPLICATION FORM

Section 1. Company Information			
*Company Name		*MID	*Industry
*DBA		*First Name	*Last Name
*Address		*City	*State *Zip
*Tel. Number	*Fax Number	*Email Address	

Section 2. Website Contact Person Same as above			
Company Name		First Name	Last Name
Contact Number		Email Address	

Section 3. Website Domain Name	
Choice 1	
Choice 2	
Choice 3	

Section 4. Website Type			
Website <input type="checkbox"/> Presentation* Template: _____ <input type="checkbox"/> Flash* *Choose template from <input type="checkbox"/> Customized www.go3studio.com		E-Commerce <input type="checkbox"/> Regular* Template: _____ <input type="checkbox"/> Presentation w. Plug-in * *Choose template from <input type="checkbox"/> Plug-in www.go3studio.com	

Section 5. Pricing	Section 6. Payment Method																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: right;">Hosting/Yearly</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">Design</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">(For E-Commerce Only) Cart Setup</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">(For E-Commerce Only) Fax Setup</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">WEBSITE TOTAL</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right;"><input type="checkbox"/> Mobile Website (Check if you are availing this product)</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">GRAND TOTAL</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Hosting/Yearly		Design		(For E-Commerce Only) Cart Setup		(For E-Commerce Only) Fax Setup		WEBSITE TOTAL		<input type="checkbox"/> Mobile Website (Check if you are availing this product)		GRAND TOTAL		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> ACH</td> <td style="width: 33%;"><input type="checkbox"/> CHECK</td> <td style="width: 33%;"><input type="checkbox"/> CASH</td> </tr> <tr> <td colspan="3">Account No.:</td> </tr> <tr> <td colspan="3">Routing No.:</td> </tr> <tr> <td colspan="3">Email No.:</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> <i>Yearly invoices will be emailed to Merchant and collected via ACH Transfer. A copy of a voided check from checking account must be submitted with this Agreement.</i> </td> </tr> </table>	<input type="checkbox"/> ACH	<input type="checkbox"/> CHECK	<input type="checkbox"/> CASH	Account No.:			Routing No.:			Email No.:			<i>Yearly invoices will be emailed to Merchant and collected via ACH Transfer. A copy of a voided check from checking account must be submitted with this Agreement.</i>		
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Section 7. Confirmation	
<p><i>By Signing this form, you confirm that you have reviewed this information in detail. Signing this form indicates you have provided all details and information to authorize us for payment for website and related fees.</i></p> <p><i>*I will inform Go3 Solutions 90 days prior to expiration date.</i></p> <p><i>I acknowledge receipt of this Website application form and my signature indicates approval, authorization and agreement for this above.</i></p> <p>AUTHORIZED REPRESENTATIVE: _____</p> <p>SIGNATURE: _____ DATE: _____</p>	

AGENT NAME: _____ AGENT ID: _____

WEBSITE CONTENT FORM

MAIN PAGE				
BREIF DESCRIPTION OF BUSINESS <input type="checkbox"/> ATTACHED				
OPERATION HOURS <input type="checkbox"/> ATTACHED		DELIVERY HOURS <input type="checkbox"/> ATTACHED		
MENU/PRODUCTS <input type="checkbox"/> ATTACHED				
IMAGES (LOGO, PRODUCTS, BUSINESS EXTERIOR IMAGES) <input type="checkbox"/> ATTACHED If you do not have images, we can provide images that are available online. Please specify type of images.				
PROMO/COUPONS <input type="checkbox"/> ATTACHED				
MAP/LOCATION				
ADDRESS		CITY	STATE	ZIP
TELEPHONE NO.	FAX NO.	EMAIL		
FEEDBACK/COMMENT/CONTACT US				
EMAIL (RECIPIENT OF THE MESSAAGES)				

Failure to complete this form and necessary materials will result to delay of application.

PLEASE SEND THIS FORM TO:
EMAIL: sales@go3solutions.com or
FAX: 888-406-0777