ARRENDELL'S WEBSITE DATA SHEET

All information must be completed. Write legibly.

Owner's Information

FACILITY NAME:				
FACILITY FULL ADDRESS:				
OWNER / ADMINISTRATOR's NAM	1E:			
OWNER / ADMINISTRATOR's PHO	FA〉	FAX:		
Do you want your number to be use	d as the contact number:	, if no, which numbe	er:	
EMAIL:		@		
Client is res	Website Inform		ting fees	S.
Business Type: Other:	•		_	
Business Name:				
License Number:				
How many beds:				
Location(s):				
How many navigation bars do you want?Additional pages are \$55.00 per page.			(4 pgs @	<u>\$450.00</u>).
Do you want your adm	nission package or	nline?	Yes	No
Tell me about the adm business, who you are	, ,	le: How mar	ıy years i	n

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Mission Statement:	
Vision Statement:	
Please send your logo	
Do you have a business card?	, If not, we can assist with this service.*
Please send photos	
What are the company's color(s)?	
Do you have words/content for the website? service.	, if not, we can assist with this
Wehs	site Cost

Simple website: \$450.00

For your domain and hosting we will need a credit card and the receipt will be sent to your email from the hosting company.

For our services, an invoice will be sent to your email before we process your card.

Submit this form to

office@arrendells.com or fax to 305-956-5150