



# DigitalResource Corporation

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## WEB PROGRAMMING ORDER FORM

### ADMINISTRATIVE INFORMATION

1	Full Name _____	Business Name _____
	Address _____	Email * _____
	City/Town _____	Phone _____
	Country _____ Zip _____	Fax _____

### PROJECT INFORMATION

2 Website URL: \_\_\_\_\_

Please select features and services  
You will require:  
(check all that apply)

<input type="checkbox"/> Custom Web Programming	<input type="checkbox"/> Flash Animation/Presentation/Intro
<input type="checkbox"/> Interactive Features (formmail)	<input type="checkbox"/> Site maintenance
<input type="checkbox"/> Custom Software Development	<input type="checkbox"/> Database Programming
<input type="checkbox"/> Custom Script Design (cgi, java, perl, etc)	<input type="checkbox"/> Logo design
<input type="checkbox"/> HTML Newsletters	<input type="checkbox"/> Banner Design
<input type="checkbox"/> Flash Interactive Games	<input type="checkbox"/> Shopping Cart
<input type="checkbox"/> MPEG Video Streaming	<input type="checkbox"/> Email Form
<input type="checkbox"/> Search Functions	<input type="checkbox"/> Javascript Mouse-over
<input type="checkbox"/> Sound	<input type="checkbox"/> VRML
<input type="checkbox"/> Discussion Forum	<input type="checkbox"/> Chat Rooms
<input type="checkbox"/> DHTML Animations	<input type="checkbox"/> Others: _____

Additional Information: \_\_\_\_\_

Do you require web hosting service for your website?  YES  NO

Type of website:

<input type="checkbox"/> ebrouchure	<input type="checkbox"/> entertainment
<input type="checkbox"/> Small business	<input type="checkbox"/> Non-profit
<input type="checkbox"/> personal	<input type="checkbox"/> corporate
<input type="checkbox"/> e-commerce	

Do you own a domain name?  YES ; <http://www>. \_\_\_\_\_ .com  
 NO

List at least three (3) choices:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

3 Where did you hear about us?

<input type="checkbox"/> Internet	<input type="checkbox"/> Broadcast
<input type="checkbox"/> Referral	<input type="checkbox"/> Print
<input type="checkbox"/> Sales Representative	<input type="checkbox"/> Others _____

### PAYMENT INFORMATION

4 Please check your preferred form of payment.

Cash  
 Check  
 Bank deposit or Wire transfer (please call 433-5614 for bank details)

### AGREEMENT

5 I confirm that the above information is true and correct.

\_\_\_\_\_  
Signature above printed name

\_\_\_\_\_  
Date

Please fax this form to 433-5619. We will process your account once payment has been received. To expedite your order, fax us your check or deposit slip and your account will be activated within 24 hours.

01-drc-wpof-2k6 Sales Code \_\_\_\_\_

Account Number \_\_\_\_\_

Form No. \_\_\_\_\_