

# Website Order Form

# Color Folio

## Please print:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_\_

2554 Lewis Drive  
Sebastopol, CA 95472  
707-824-8910  
888-212-7060  
Fax 707-824-8635  
www.colorfolio.com



## Domain Info

Do you already have a domain: Y \_\_\_ N\_\_\_

if yes, what is it? \_\_\_\_\_

if no, list 3 choices for domain name (example: www.yournamearts.com):

_____	_____	_____
-------	-------	-------

List up to 5 email name(s) you would like to have for your site (example: yourname@yoursite.com):

_____	_____	_____
_____	_____	_____

Do you have a current email provider? If yes, which one: \_\_\_\_\_

## Design

Which template choice are you using: \_\_\_\_\_

Check the pages you will need:  Home  Portfolio  Biography  Artist Statement  Events  Price List,  
 Directions  Contact  Links  Gallery (Gallery page is for listing the galleries you are physically showing your work in)  
 Other (s) List: \_\_\_\_\_

## Images

How many portfolios will you need? \_\_\_\_\_

How many total images will you have in your portfolio section(s) \_\_\_\_\_

## Payment:

- We require billing payment information at time of order - your card will be charged when website is uploaded.
- We accept Mastercard, VISA and personal checks.
- Your signature below authorizes us to charge your credit card number and signifies that you have read and agree to the Color Folio Website Agreement.

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_