



Custom Website Order Form

VERY IMPORTANT: This is a questionnaire that will give our design team a thorough understanding of your practice and services. We may or may not use all the information. We will definitely add content that will enhance your website. A final proof will be provided and approval will be obtained prior to making your site live.

FAX the completed form to **(408) 228-0711**.

(Please use additional pages if needed)

1. Indicate the **services** are you offering? PT OT Speech Hand Therapy Other:

2. Name something **unique about your practice** that makes you different from most all others in your area? Do NOT put: you are good with your hands, or you see a variety of diagnosis, or list all the insurances you accept. Good examples would be a special program/service, free transportation service, etc.

3. Do you have a motto or catchphrase for your business? If so, what is it?

4. Describe your practice using 6 words:

5. Further describe it using 26 words: (Why should a physician or patient do business with you?)

6. Name and describe any “**specialized**” **services** you are offering below: (optional but highly recommended)

Program 1 Name	Give 6 words that capture the essence of this program in a way that anyone seeing it would know exactly what you are offering.
Describe the program using 26 words :	
Who is best for this special program	What should they expect to pay?
What are the benefits and when are they realized?	
Complete the sentence, “ Be wary of ”	
Why should the reader act now and NOT put this off?	
Any other incentives for why the reader should act now?	
Give 3 reasons why the reader should call you now!	

(Attach an additional sheet if you have more than one program)

7. List the **person(s)** you wish to feature on your web page.

Name(s) of those who will have featured bios	Title	School
1) _____	_____	_____

Personal Interests and hobbies:

Special credentials and/or accomplishments:

What do you like most about offering what you are offering?

2) _____	_____	_____
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Personal Interests and hobbies:

Special credentials and/or accomplishments:

What do you like most about offering what you are offering?

(Add additional pages if necessary)

8. Are there any **free** items you can offer as incentives?

9. Which **Insurance plans** do you wish to have listed? We recommend you simply say, ***"Most insurances accepted."***

10. Give **3 testimonials** from other people relating to your offering or the practitioner who is offering it. List their names, city, state

1)

2)

3)

11. What would you like on your "Services Page"

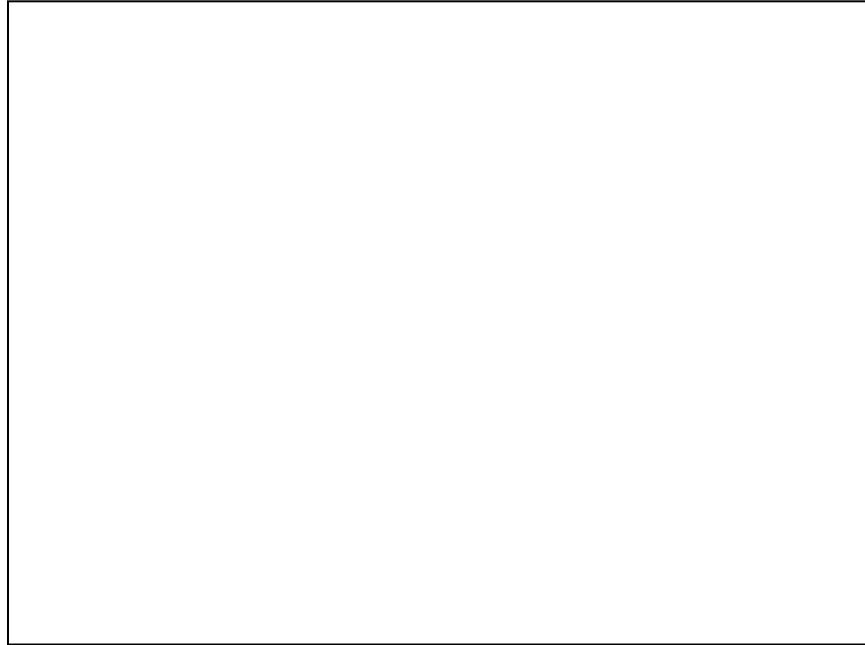
12. What "COUPONS" would you like to offer so prospects can download print out and bring with them to your office?

13. Is there a special page you would like to add? If so, what should that page be named and what is the content?

14. Describe any “**Classes for the Community**” you are offering.

15. Describe any “**Open Clinics**” you are offering.

16. Draw out a **map** of your facility location(s) below.



List additional locations here:

Personal Information**Complete the Payment Info Below to Begin Your Custom WEBSITE!**

Last Name		First Name		Occupation	Yrs. Practicing
Home Street Address			City	State	Zip
Home Ph.	Cell Phone		Email		

Business Information

Primary Contact Person (other than self)			Title	Length of Time with Company	
Business Name (If applicable)		Type: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Corp/LLC <input type="checkbox"/> Partnership	Yrs. in Business	No. of Employees	No. of Locations
Business Street Address		City	State	Zip	
Business Ph	Contact Person Email Address				

Billing Address (If different than personal info)**Domain Name Info (choose one below)**

Name on credit card	<input type="checkbox"/> I already have a domain name registered. It is www. _____ .com
Street Address	It is registered with: www. _____ .com My admin username/password is: _____ / _____
City State Zip	<input type="checkbox"/> I DON'T have a domain name yet. I would like you to register me the name... Option 1) _____ Option 2) _____ We cannot guarantee your options will be available.
Phone No.	

Qty	Description	Price	Amount
	Website Design		
	Top 5 on Yahoo, MSN, Google! Search engine		
	Shopping Cart Setup		
	Newsletters for MD's and Patients	Total	

Method of Payment**Authorization**

Check/MO: # _____ Dated _____
 Lease*: ___\$1 or ___10% Buyout. Terms _____
 Credit Card: ___Visa ___MC ___AmEx ___Discover
 Name on Card _____
 Card No _____
 Exp Date _____ 3/4 Digit Code _____
 Address associated with card: _____

I AGREE TO THE CHARGES INDICATED ABOVE. I AM PURCHASING THESE PRODUCTS OR SERVICES AT MY OWN RISK. NEITHER INDEFREE CORP. NOR ANY OTHER PARTY INVOLVED IN CREATING, PRODUCING, OR DELIVERING THE PRODUCT OR SERVICE IS LIABLE FOR ANY DIRECT, INCIDENTAL, CONSEQUENTIAL, INDIRECT, OR PUNITIVE DAMAGES ARISING OUT OF YOUR RELIANCE ON, OR USE OF, THE PRODUCT OR SERVICE.

Signature
X _____
 Date _____

Complete and fax to (408) 228-0711 or email orders@indefree.com


(For Office Use)

A representative will contact you via phone or email upon receipt.

Congratulations on completing this very important exercise. Not only is it needed to develop your custom WEBSITE but it is also essential for private practice success! Once your payment processes successfully you'll receive a confirmation via email.

Thank you for your business and we look forward to helping you succeed!

Sincerely,

A handwritten signature in black ink that reads "James Ko P.T." The signature is written in a cursive style.

James Ko, MPT, CFA, President
IndeFree Association

*****IMPORTANT*****

Send the following items to webmaster@indefree.com.

1. Logo in eps or ai format (If you can't locate these from your designer we can try and make due with a jpeg).
2. New patient forms you wish to have available for download.
3. Staff pictures
4. Any pictures of facility, etc. you wish to use. (We may or may not use them)

*****FAX the completed form to toll-free (408) 228-0711.*****