



SMARTWEBCANADA
smart websites, smart technology, smart people

PO Box 78578
Vancouver, BC V6T 2E7
Tel: 604.648.3232
Fax: 604.566.9218
www.smartwebcanada.com

Smart Web Canada Registration Form

1. Client Information

Practice Name:	<input type="text"/>	Last Name:	<input type="text"/>
First Name:	<input type="text"/>	City:	<input type="text"/>
Address:	<input type="text"/>	Postal Code:	<input type="text"/>
Province:	<input type="text"/>	Phone Number:	<input type="text"/>
Primary E-mail:	<input type="text"/>	Fax Number:	<input type="text"/>
Secondary E-mail:	<input type="text"/>		

2. Website Information

Domain Name #1:	<input type="text"/>	<input type="radio"/>	I want SmartWeb to register this domain name
Domain Name #2:	<input type="text"/>	<input type="radio"/>	I want SmartWeb to register this domain name
Domain Name #3:	<input type="text"/>	<input type="radio"/>	I want SmartWeb to register this domain name

3. Payment Information:

Card Holder Name:	<input type="text"/>	Credit Card #:	<input type="text"/>
Exp. Date:	<input type="text"/>		

4. Services & Fees

Initial Deposit:		Current Liabilities (Annually):	
<input type="radio"/> Website Design & Development:	<input type="text"/>	<input type="radio"/> Support & Webhosting:	<input type="text"/>
<input type="radio"/> Graphic Design:	<input type="text"/>	<input type="radio"/> Recurring Domain Fees:	<input type="text"/>
<input type="radio"/> Additional Work:	<input type="text"/>	<input type="radio"/> SEO:	<input type="text"/>
<input type="radio"/> Domain Registration:	<input type="text"/>		
Sub Total:	<input type="text"/>	Sub Total:	<input type="text"/>
GST / HST:	<input type="text"/>	GST / HST:	<input type="text"/>
Total Ammount:	<input type="text"/>	Total Ammount:	<input type="text"/>
		<input type="radio"/> I hereby submit SamrtWeb Canada to debit the above credit cart for these amounts.	

Signature:	<input type="text"/>	Date:	<input type="text"/>
------------	----------------------	-------	----------------------