50 Broad St 1701, New York NY 10004

T: 888-377-3818 Ext. 476

F: 888-406-0777

E: sales@go3solutions.com



## **DESKTOP & MOBILE WEBSITE APPLICATION FORM**

Section 1. Company Inform	nation											
*Company Name				*MID		*Industry						
*DBA			*First Name		*Last Name							
*Address			*City		*State		*Zip					
*Tel. Number	Tel. Number *Fax Number			*Email Address								
Section 2. Website Contact Person Same as above												
Company Name				First Name Last Name								
Contact Number	Contact Number				Email Address							
Section 3. Website Domain	Name											
Choice 1												
Choice 2												
Choice 3												
Section 4. Website Type			ı									
Website ☐Presentation*	Templato			E-Commerce Regular* Template:								
☐Flash*	•			☐ Presentation w. Plug-in * *Choose template from								
☐Customized		o3studio.com		☐Plug-in		www.go3st	•					
	J											
Section 5. Pricing			Section 6. Payment Method									
									,			
				☐ ACH	│	:CK		ASH				
Hos	sting/Year	·ly										
Design				Account No.:								
(For E-Commerce Only) Cart Setup				Routing No.:								
(For E-Commerce Only) Fax Setup				Email No.:								
WEBSITE TOTAL				Yearly invoices will be emailed to Merchant and collected via ACH								
☐ Mobile Website				Transfer. A copy of a voided check from checking account must be submitted with this Agreement.								
(Check if you are availing	this produc	(t)										
GRA	ND TOTA	AL										
Section 7. Confirmation												
By Signing this form, you confirm to payment for website and related fe		re reviewed this informati	ion in detail.	Signing this form indicates y	ou have prov	vided all details	and inforn	mation to authoriz	e us for			
*I will inform Go3 Solutions 90 day		xpiration date.										
I acknowledge receipt of this Webs	•		e indicates a	oproval, authorization and ag	greement for	this above.						
AUTHORIZED REPRESENTATI	VE:											
SIGNATURE: DATE:												
AGENT NAME:												
AGENT ID:												

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## **WEBSITE CONTENT FORM**

MAIN PAGE									
BREIF DESCRIPTION OF B	HISTNESS								
ATTACHED	OSINESS								
OPERATION HOURS		DELIVERY HOUR	S						
☐ ATTACHED		☐ ATTACHED							
MENU/PRODUCTS									
☐ ATTACHED									
IMAGES									
(LOGO, PRODUCTS, BUSIN	IESS EXTERIOR IMAGES)								
ATTACHED									
If you do not have images, we can provide images that are available online. Please specify type of images.									
PROMO/COUPONS									
ATTACHED									
_									
MAR/LOCATION									
MAP/LOCATION ADDRESS		CITY	STATE	ZIP					
ADDRESS	'	C111	SIAIE	ZIP					
TELEPHONE NO.	FAX NO.	EMAIL							
		<del></del>							
FEEDBACK/COMMENT/	CONTACT US								
<b>EMAIL</b> (RECIPIENT OF THE N	1ESSAAGES)								

Failure to complete this form and necessary materials will result to delay of application.

## **PLEASE SEND THIS FORM TO:**

EMAIL: sales@go3solutions.com or FAX: 888-406-0777