

**ORDER FORM**

PLEASE COMPLETE THE FOLLOWING FORM IN BLOCK CAPITALS IN BLACK INK THEN RETURN IT TO TREWOLLANDWEB.

Company Name	Your Full Name
Company Address	Telephone Number
	Current Email Address
	Current Web Address
	Current Web Host

**Information you would like published on your website (continue on separate sheets, 1 sheet per web page)**

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PLEASE TICK BELOW THE **DOMAIN NAME** OF YOUR CHOICE OR ADD OTHER SUGGESTIONS

<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Completion of this order form confirms your request for a website including hosting for the first year.

Signature	Please Print Name
Date	

**Information you would like published on your website (continue on separate sheets, 1 sheet per web page)**