

Account Information

Primary Account Holder's Info

Name: _____
 Office Name: _____
 City, State, ZIP: _____
 Email: _____
 Phone: () _____
 Your MLS Agent ID: _____
 Your MLS Office ID: _____

Secondary Account Holder's Info

*Team sites incur an additional \$10/month charge.

Name: _____
 Email: _____
 Phone: () _____
 Your MLS Agent ID: _____

If more than two team members, please include other agents' information on reverse.

Your GraphicalData Website Suite:

Subscription Options

Monthly charge for your GraphicalData Website Suite: \$50
 Team Site Charge: \$10 each additional member = _____

Total Monthly Fees: _____

Do you currently own a domain name? YES NO

Domain Name	Registrar*	Login Name (usually case sensitive)	Login Password
_____	_____	_____	_____

*The registrar is the company you purchased the domain name from or through. Does not include sub-domains provided by your company (e.g. mysite.realco.com or mysite.windermere.com).

Additional Comments / Instructions: _____

Your signature authorizes GraphicalData to withdraw required funds from the credit card provided below on or around the 1st of every month once your website has been activated.

All cancellations must be received by e-mail before the 25th of the preceding month in order to not be charged for the following month. Refunds will NOT be given for any cancellation that is received after the 25th of said month.

Projects \$500 and over will need a 50% deposit of anticipated billed cost before work is started.

Signature: _____ Date Signed: ____/____/____

Setup/Design Options

Standard Website: \$100
 Classic Website: \$200
 Premium Website: \$600-\$1200*
 Custom Website: Starting at \$1200*

* Fees vary - You will be contacted by one of our designer after which a bid will be prepared.

- Add design/setup charges to my credit card.
- Invoice Me
- Contact Me for Additional Search Engine Optimization (SEO)

FOR OFFICE USE ONLY

SALESPERSON: **Chris Mattix**

STYLE: _____

ACCOUNT ID: _____

ACTIVATION DATE: _____

SETUP FEE: _____

MONTHLY AMT: _____

DESIGN FEES: _____

DATE CHARGED: _____

Payment Information

Pay By Credit Card

Name on Card: _____

Card #: _____

Exp: _____ CVV/CCV#: _____

Card Type:    

Pay By Check*

*If you would like to pay monthly fees by check, we require at least six months payment be received by our office before account activation. Please send your check, made out to GraphicalData, with this form to the address below.

Card Billing Address:

