## WEBSITE DESIGN & MANAGEMENT ASSESSMENT



Name:	Date:	
Address:		
Phone:	Email:	



ABOUT YOUR BUSINESS		
What is the primary focus of your business?		
What is the secondary focus of your business?		
What is your ideal customer demographic?		
Where do you do most of your business?		
Do you do any advertising?	Yes	No
If you could improve the efficiency of your operations by implementing technology online, would you consider this?	Yes	No

WEBSITE DESIGN											
Do you have a website?			Yes			No					
Website address:											
Who designed your website?											
Do you like the current design of your website?			Yes					No			
When was the last time your website design was updated?											
Is your website responsive or mobile friendly?		Yes			No						
Is your website e-commerce enabled?		Yes				No					
Is the content on your website easy to read?		Yes				No					
Is your website interactive?		Yes					No				
Does your design lend itself to current and potential customers?	Yes					No					
Do you require a content writing service?		Yes			No						
How happy are you with your website design?	1	2	3	4	5	6	7	8	9	10	

WEBSITE MANAGEMENT										
Who updates your website?										
How often do you require updates to your website?										
Do you have the resources to keep your website updated?										
Would you prefer to make your own updates or have them made for you?										
Do you leverage your website to maximise other advertising?			Yes			No				
What kind of support do you currently have for your website?										
Do you want to sell online?	Yes					No				
Is the content on your website easy to read?	Yes					No				
Is your website interactive?	Yes					No				
Does your design lend itself to current and potential customers?	Yes					No				
Do you require content writing service?	Yes			No						
How happy are you with your website management strategy?	1 2 3 4 5				6	7	8	9	10	

Contact your WebCenter Owner to schedule an appointment with a Product Specialist. A Product Specialist will answer your questions, demonstrate our technology and help you to determine if our solution can benefit your business or organisation.

WebCenter Owner:	Email:
Phone:	Website:

# DIGITAL & SOCIAL MEDIA MARKETING ASSESSMENT



Name:	Date:
Address:	
Phone:	Email:



GENERAL MARKETING		
What is your ideal customer demographic?		
Do you advertise anywhere else?	Yes	No
If so, what is your budget?		
How do you measure the efficacy of your current advertising?		

SEARCH ENGINE OPTIMISATION										
Do you do any search engine marketing?			Yes			No				
How well do you currently rank on search engines?	No	tsur	е	ΟK	F	air	Go	od	Gr	eat
How well does your competition rank on search engines?	No	tsur	е	ΟK	F	air	Go	od	Gr	eat
Where would you like to rank in the search engines?										
Do you do Google AdWords?	Yes No									
– If so, who managed the campaign?										
– If so, what was your monthly budget?										
What industries do you advertise in?										
Where do you conduct most of your business?										
Is your business seasonal or year-round?	Seasonal Year-round			und						
How happy are you with your visibility online?	1	2	3	4	5	6	7	8	9	10

SOCIAL MEDIA / ONLINE COMMUNITY										
Do you use social media for personal use?										
Do you have business-dedicated accounts?										
Which social media platforms do you currently use?					(circl	e one				
Facebook, Twitter, Instagram, Snapchat, LinkedIn, YouTube,	Pinte	rest,	Goo	gle+,	othe	r				
How often do you post?	Once in a while Da			aily		Weekly				
Do you post special deals via social media?	Yes				No					
Are you happy with your interactions with clients on social media?	Yes				No					
Are there any other social media platforms that you want to use?	Yes				No					
How would you rate your online reputation?	No	t god	o d	ΟK	F	air	Go	od	Gr	eat
Do you do Facebook advertising?	Yes				No					
Do you do email campaigns?	Yes				No					
Do you blog?	Yes No									
How happy are you with your social presence and online community?	1	2	3	4	5	6	7	8	9	10

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WebCenter Owner:	Email:
Phone:	Website:

## BUSINESS SPENDING ASSESSMENT



Name:	Date:	
Address:		
Phone:	Email:	



#### **SPENDING ANALYSIS**

WHERE DO YOU BUY	
Office supplies?	
Equipment such as computers, printers, desks, etc.?	
Coffee or office snacks?	
Travel?	
Printed materials?	
Flowers and gifts?	
Industry-specific items to run your business? (e.g., roofers purchase roofing shingles)	

HAVE YOU		
Shopped online?	Yes	No
Used coupon codes?	Yes	No
Searched for the best price online?	Yes	No
Put products on an autoship?	Yes	No
Used in-store pickup?	Yes	No

LIST THE TOP FIVE STORES AT WHICH YOU SHOP	
1.	
2.	
3.	
4.	
5.	

#### **SUMMARY**

STORES RECOMMENDED FOR YOU			
ITEM	STORE	SHOP POINTS	
Office supplies			
Equipment			
Materials			
Coffee, snacks, groceries			
Travel			
Printed materials			
Flowers and gifts			
Industry-specific items			
Top stores			

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UnFranchise Owner:	Email:
Phone:	SHOP.COM/: