



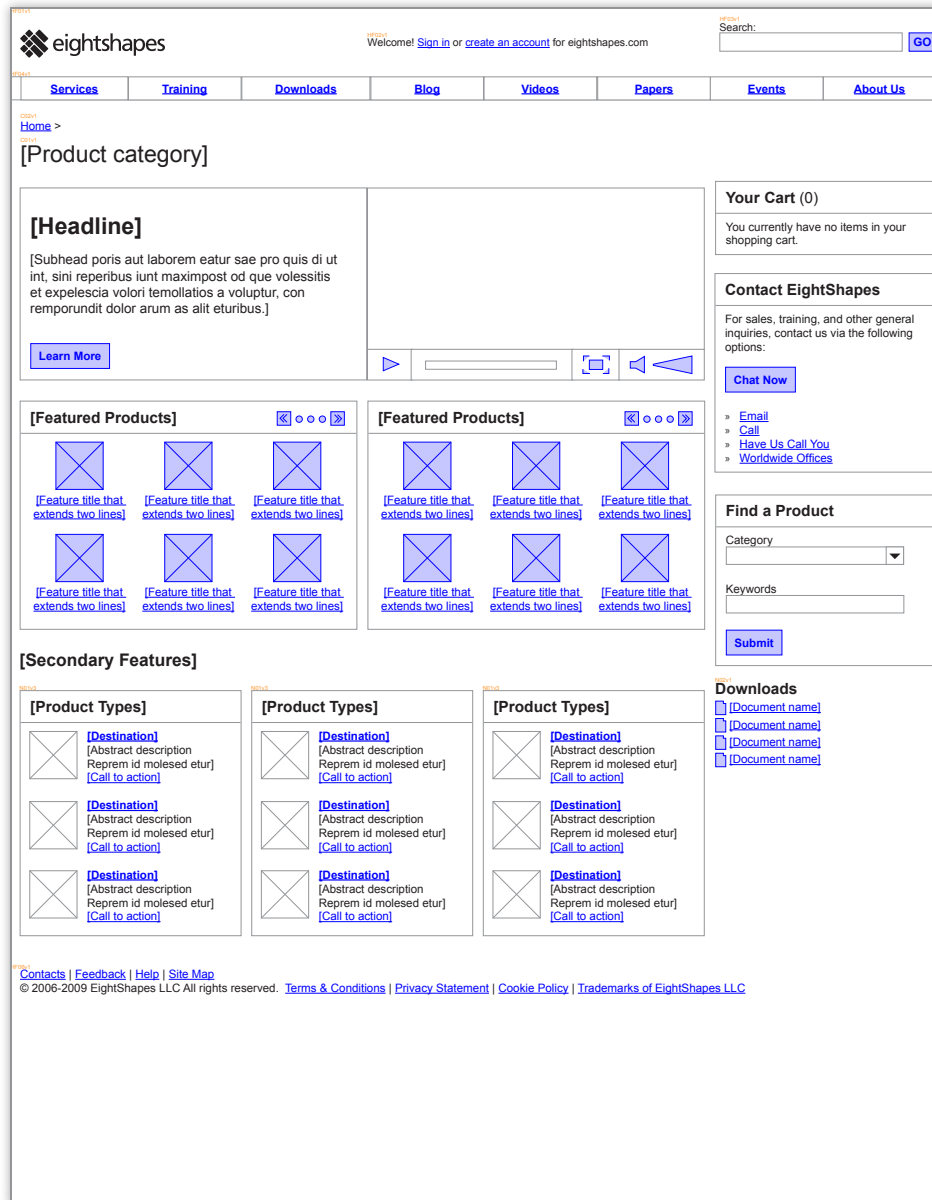
Wireframe Review

Version 1
Published February 23, 2009
Created by Nathan Curtis

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1. Product Category

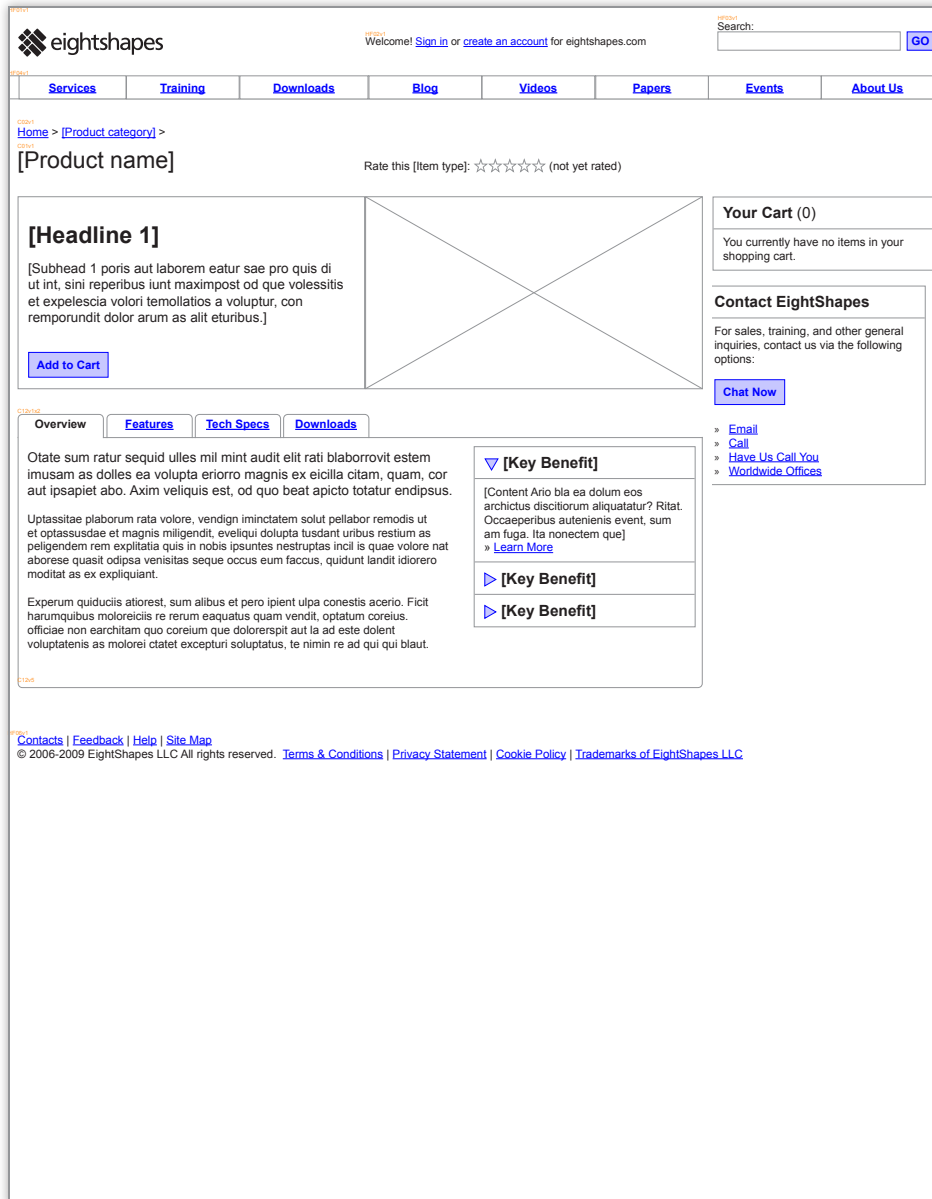


Introductory paragraph Aliquam lectus orci, adipiscing et, sodales ac, feugiat non, lacus. Ut dictum velit nec est. Quisque posuere, purus sit amet malesuada blandit, sapien sapien auctor arcu, sed pulvinar felis mi sollicitudin tortor.

Components

- 1 Component Name 1
- 2 Component Name 2
- 3 Component Name 3
- 4 Component Name 4

2. Product

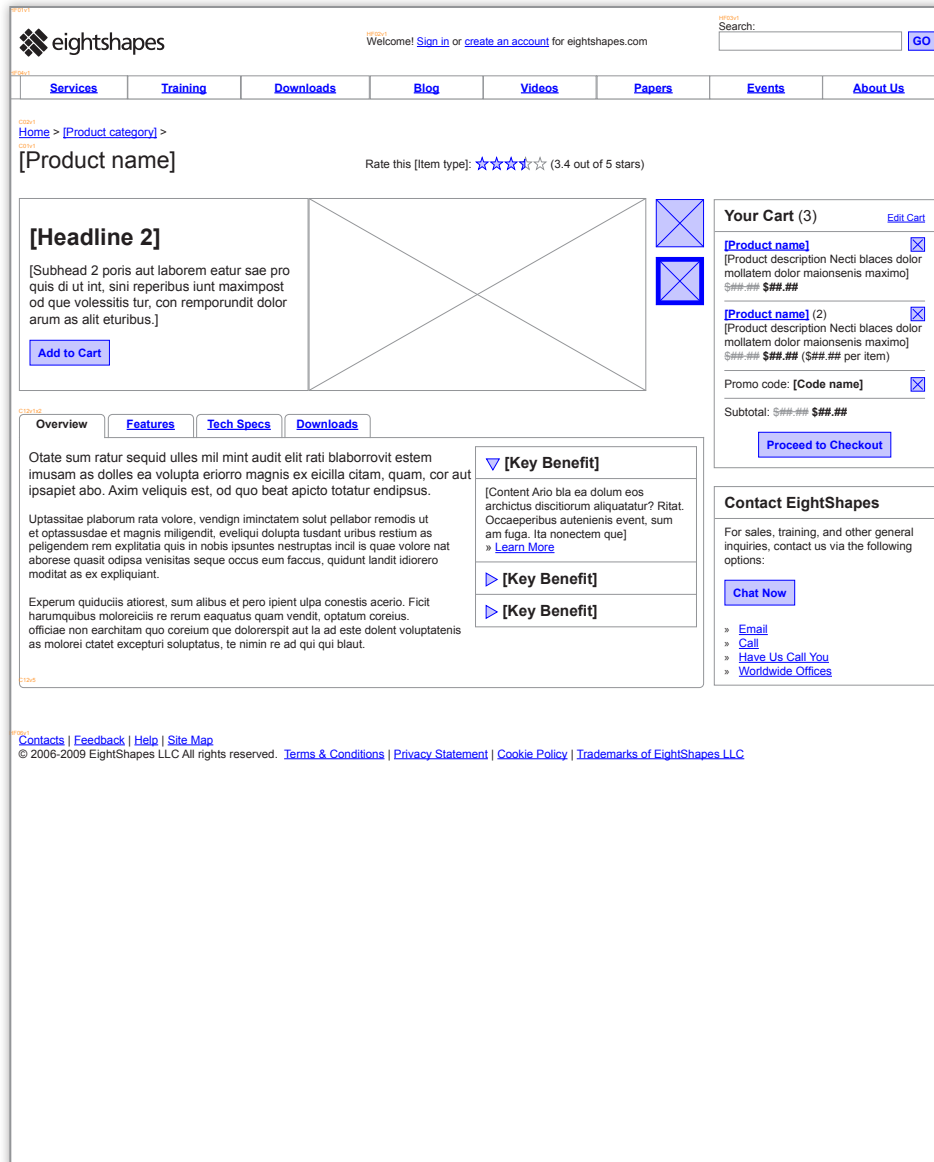


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Components

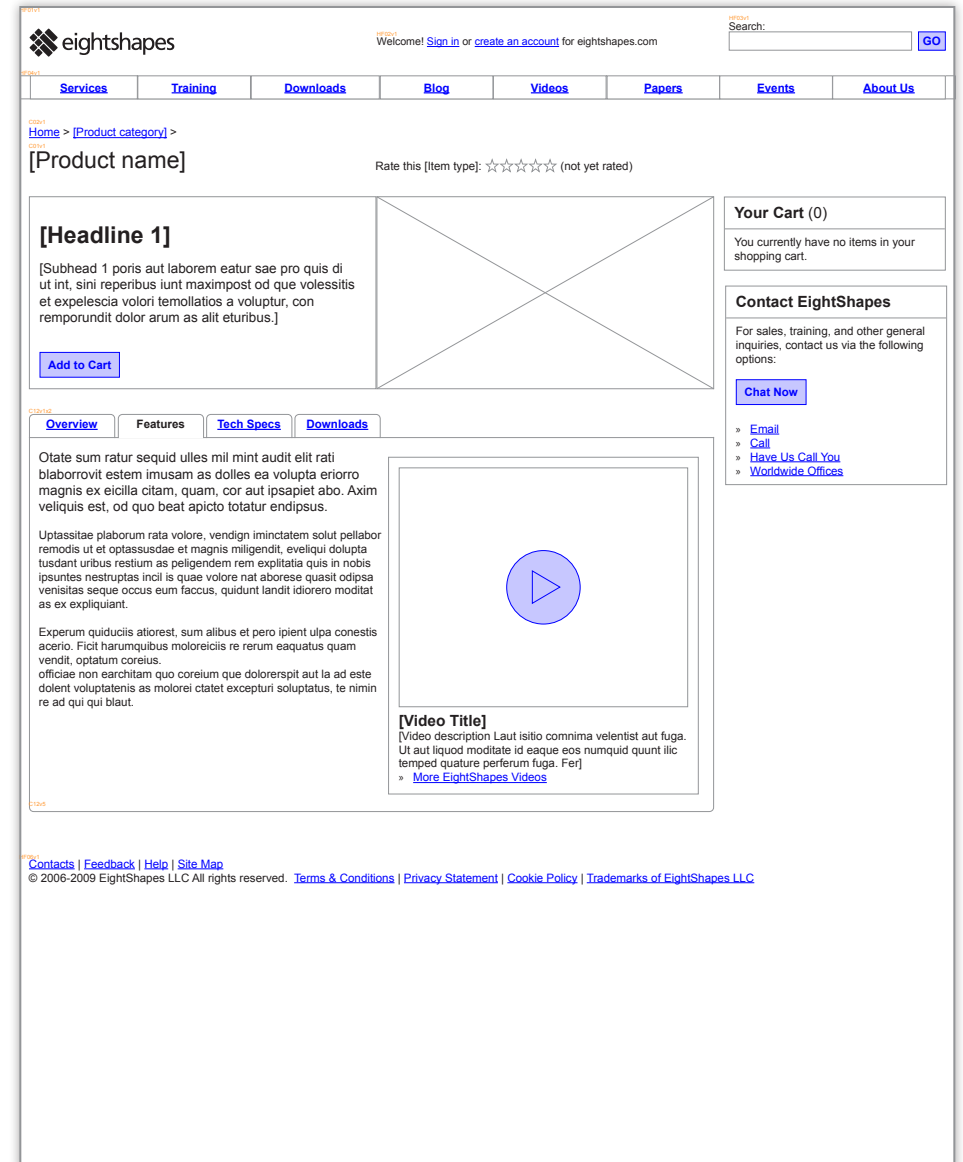
- 1 Component Name 1
- 2 Component Name 2
- 3 Component Name 3
- 4 Component Name 4

2.v1. Product (Cart Nonempty)



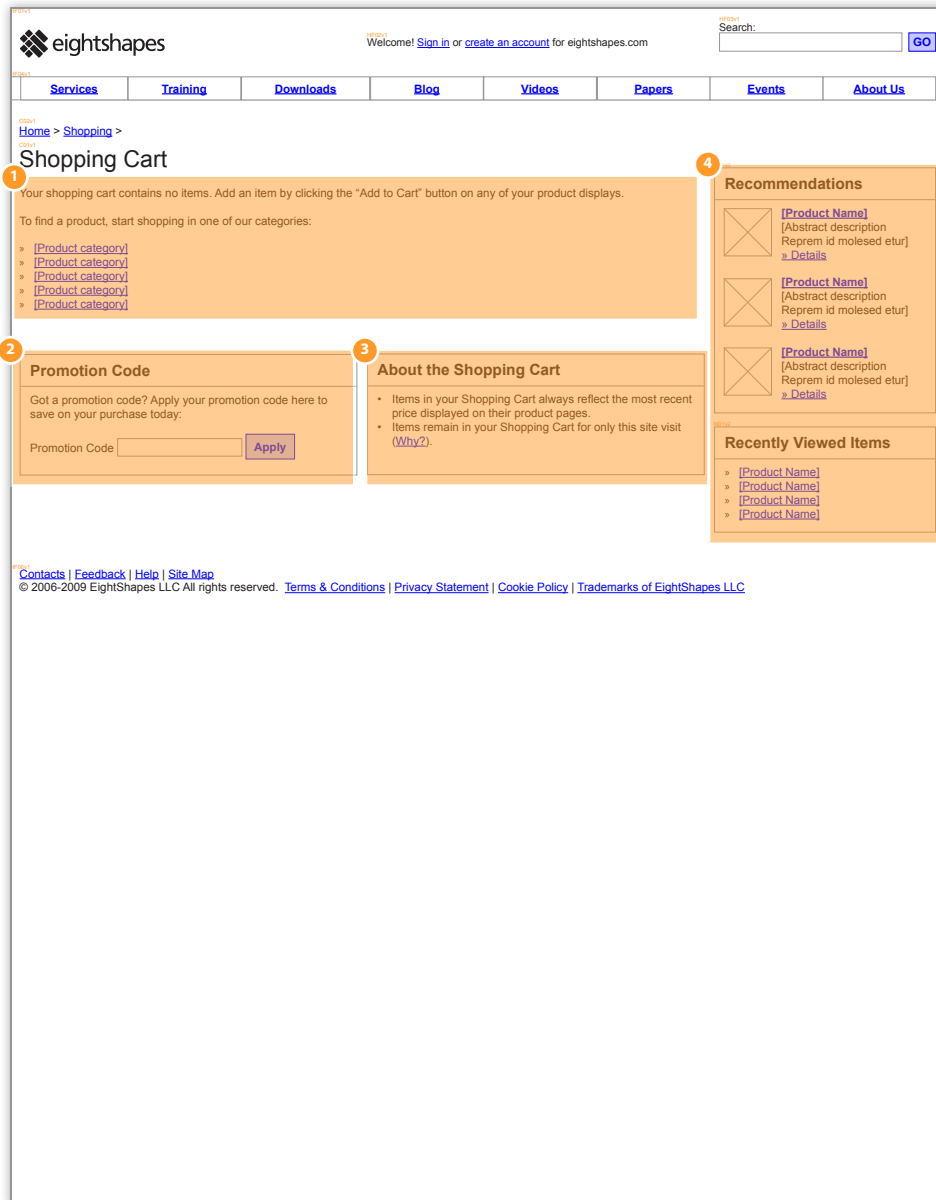
A Figure Title

2.v2. Product (Features & Video)



B Figure Title

3. Cart

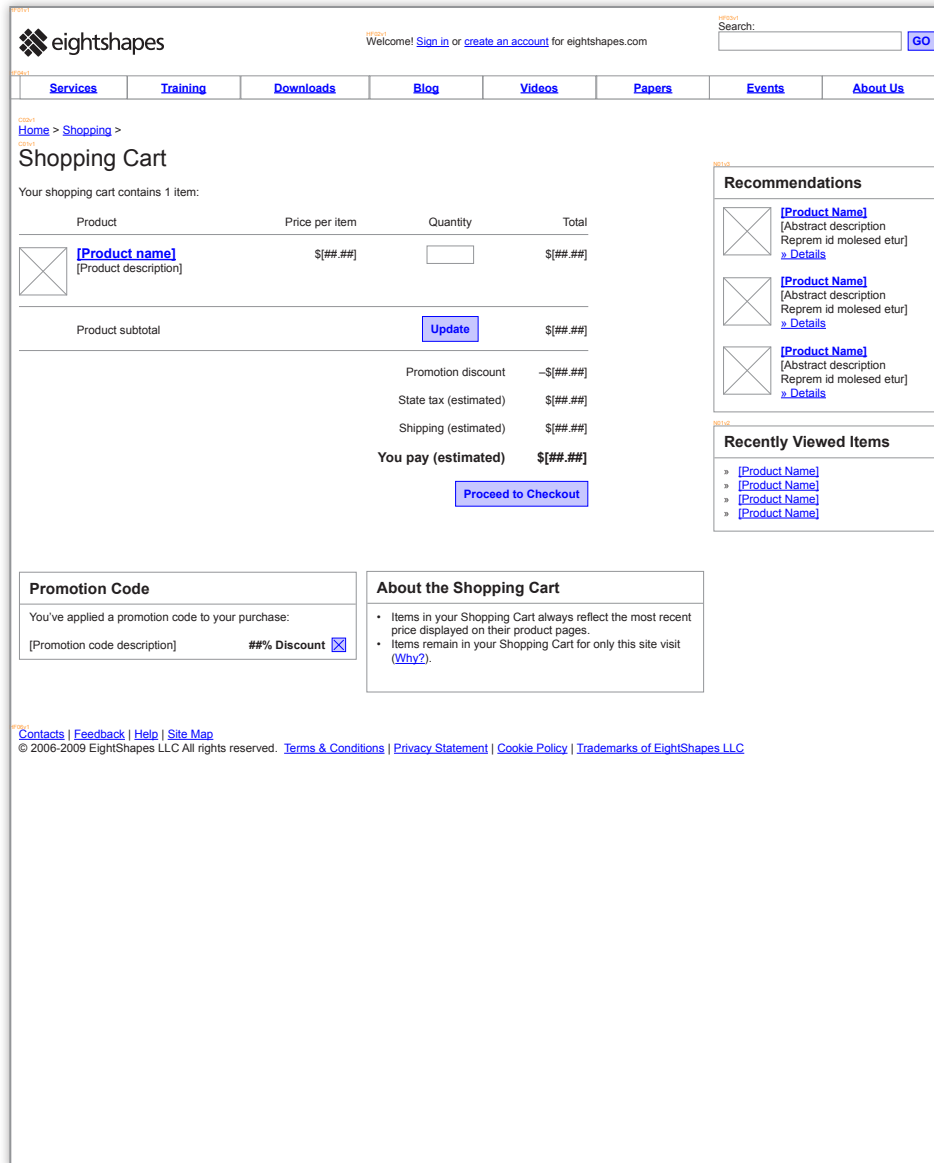


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Components

- 1 Empty Message
- 2 Promotion Code
- 3 About the Shopping Cart
- 4 Sidebar

3.v1. Cart (1 Item)




A Figure Title

3.v2. Cart (3 Items)



B Figure Title

4. Checkout



Checkout

Personal Information

First Name *

Last Name *

Address *

City *

State *

ZIP Code *

Phone Number *

Credit History Check [\(Why do we ask for this information?\)](#)

Consumer Business

Social Security # * - -

Date of Birth * MM/DD/YYYY

Driver's License # *

License State *

Shipping

Destination
Your products will be sent to your credit card billing address for security purposes.

Method & Price
Select a shipping method and cost for your order ([learn more](#)):

2-day (2 business days) (\$##.##)

Standard Overnight (1 business day) (\$##.##)

Billing

Card Type *

Credit Card Number *

Security ID * ([What is this?](#))

Expiration Date * /

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Checkout (with Error)



Checkout

There is a problem with your address submission. Please fill in all required address fields.

Personal Information

First Name * First name is required

Last Name *

Address *

City *

State *

ZIP Code *

Phone Number *

Credit History Check (Why do we ask for this information?)

Consumer Business

Social Security # * - -

Date of Birth * MM/DD/YYYY

Driver's License # *

License State *

Shipping

Destination
Your products will be sent to your credit card billing address for security purposes.

Method & Price

Select a shipping method and cost for your order [\(learn more\)](#):

2-day (2 business days) (\$##.##)

Standard Overnight (1 business day) (\$##.##)

Billing

Card Type *

Credit Card Number *

Security ID * [\(What is this?\)](#)

Expiration Date * /

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5. Receipt



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Your Order

| | | | | |
|---|---|---------------|----------------------------------|-------------------------------|
|  | [Product Name] [Product Description] | Quantity 1 | Per Item \$###.## \$###.## | Total \$###.## \$###.## |
| | | | Subtotal | \$###.## |
| | | | State Tax (estimated) | \$###.## |
| | | | Shipping (estimated) | \$###.## |
| | | | Holiday Discount | -\$###.## |
| | | | You Pay | \$###.## |

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