

Mobile Checkout

Jason Goldberg
@retailgeek

Mobile Traffic Last Month



48%



57%



46%



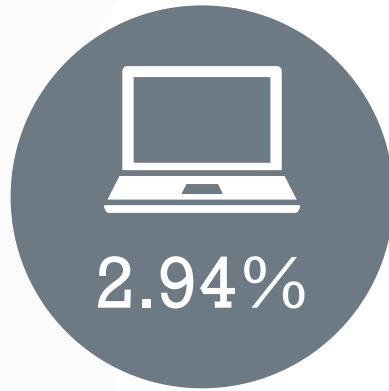
48%



59%

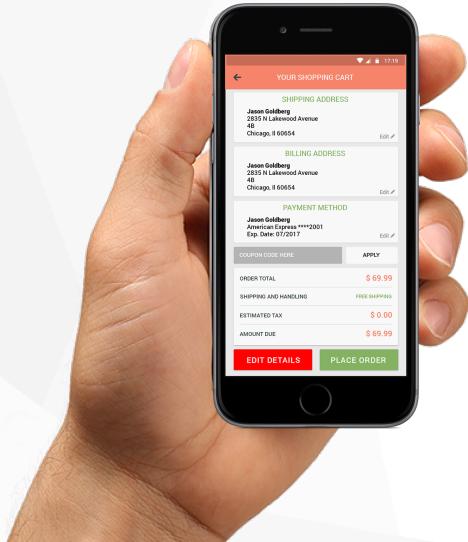
time on all retail websites
is on mobile or tablet

Mobile Gap: Conversion Rates



Mobile Checkout Usually Sucks

It takes 3 hands to pay



Make Payment Easy – Mobile Wallets



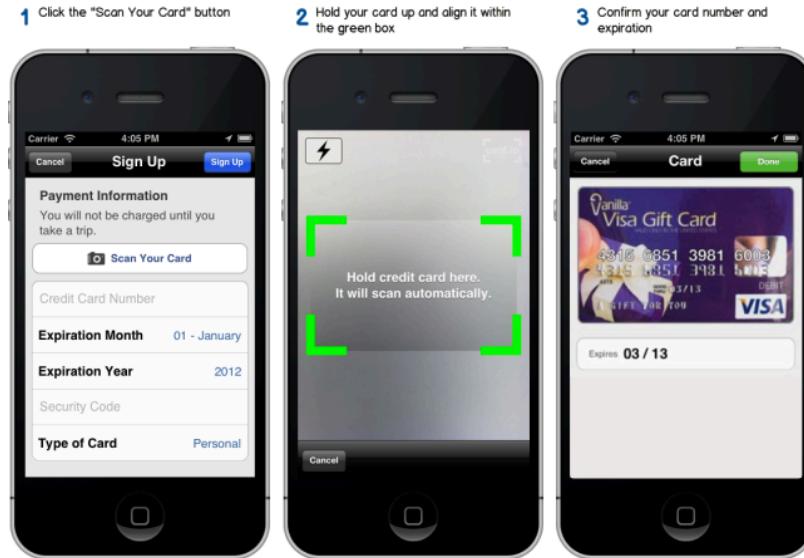
But don't NASCAR your Checkout



Make Payment Easy – Camera



JUMIO



CARD.IO



IOS 8

razorfish.

People Hate Forms



AQUO OPHTHALMOLOGY ASSOCIATES, LLC
PATIENT INFORMATION FORM

FIRST NAME:		LAST NAME:	
DOB: (mm/dd/yy)		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	RACE: <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O
ADDRESS 1:		HOME PHONE:	
ADDRESS 2:		CELL PHONE:	
CITY:	STATE:	ZIP CODE:	WORK PHONE:
EMAIL:		SOCIAL SECURITY NUMBER:	
MARITAL STATUS: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D		SPOUSE'S NAME:	
OCCUPATION:			
EMPLOYER:		EMPLOYER PHONE:	
EMPLOYER ADDRESS:			
WEAR GLASSES: <input type="checkbox"/> YES <input type="checkbox"/> NO		WEAR CONTACTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PATIENT'S PHYSICIAN:			
ADDRESS:		PHONE:	
CITY:		STATE:	ZIP CODE:
REFERRING PHYSICIAN:			
ADDRESS:		PHONE:	
CITY:		STATE:	ZIP CODE:
(FOR IDENTIFICATION PURPOSES ONLY)			
MOTHER'S FIRST NAME:		FATHER'S FIRST NAME:	
EMERGENCY CONTACT:		PHONE:	
PARENT OR GUARDIAN INFORMATION: (FOR MINORS)			
NAME:		HOME PHONE:	
ADDRESS:		WORK PHONE:	
CITY:		STATE:	ZIP CODE:

Things To Remember In Case Of An Auto Accident

It's easy to forget what to do right after an accident has occurred.

Use this form to assist you - print it out and keep it in your car with a pen & camera.

Seattle Law Offices Of

Michael E. Mazon

Personal Injury Attorney

206-632-6500 Call 24 hrs.

Accident Date Is:

Date: _____

Time: _____

Accident Location/Address: _____

Description of Accident:

Other Drivers & Cars

Vehicle Make/Model: _____

Driver's Name: _____

Address: _____

Phone: _____

Damage: _____

Vehicle Make/Model: _____

Driver's Name: _____

Address: _____

Phone: _____

Damage: _____

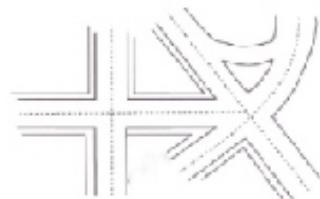
1. Check yourself for injuries & call 911 if needed.
2. Call 911 and insist on a police investigation. This creates an accurate record of the facts.
3. Avoid discussing fault with other parties involved in the accident.
4. Get the following information from all drivers and police before you leave the scene:
 - a) insurance information
 - b) phone numbers
 - c) addresses
 - d) important service numbers
5. Get the names & phone numbers of all witnesses to the accident.
6. Take photographs of the damage to all vehicles as well as the accident scene. Keep a disposable camera in your car just for this purpose. Use your phone or borrow a witness' camera or phone if yours is broken during the accident.

Describe The Damage To Your Vehicle:

Drew The Accident Scene

Show the position of vehicles & direction of travel.

Show any lights & signs. Show distances.



Seattle Law Offices Of Michael E. Mazon, PLLC © 2002 All Rights Reserved

Avg Checkout has 23 inputs

The image displays six mobile phone screens illustrating a complex checkout process across six steps. Each screen shows various input fields and UI elements typical of e-commerce forms.

- Step 1: SECURE ACCOUNT SIGN IN**
 - Email Account or Phone Number
 - Password (Min. 5 Characters)
 - Show Password checkbox
 - SIGN IN button
 - Forgot Password / Create Account links
 - Social Sign In icons (Facebook, Twitter, Google, LinkedIn)
 - New Customer / Create Account button
 - Call to Order link (1-877-555-1212)
- Step 2: CREATE AN ACCOUNT**
 - First Name
 - Last Name
 - Email Address
 - Email me special offers checkbox
 - Phone Number (10 digits)
 - Password
 - Confirm Password
 - Show Password checkbox
 - Password Hint (optional)
 - CONTINUE button
- Step 3: BILLING ADDRESS**
 - Same as billing address? checkbox (checked)
 - Jason
 - Goldberg
 - Address Line1
 - Address Line 2 (optional)
 - City
 - State dropdown
 - Zip Code
 - CONTINUE button
- Step 4: SHIPPING ADDRESS**
 - Same as billing address? checkbox (checked)
 - Jason
 - Goldberg
 - Address Line1
 - Address Line 2 (optional)
 - City
 - State dropdown
 - Zip Code
 - Phone Number (10 digits)
 - CONTINUE button
- Step 5: BILLING INFORMATION**
 - Is this a debit card? checkboxes (Yes/No)
 - Name on Card
 - Card Number
 - EXPIRATION DATE (Not required for store card)
 - Month dropdown
 - Year dropdown
 - Save payment information checkbox
 - CREATE AN ACCOUNT button
- Step 6: YOUR SHOPPING CART**
 - SHIPPING ADDRESS
 - Jason Goldberg
2835 N Lakewood Avenue
4B
Chicago, IL 60654
 - BILLING ADDRESS
 - Jason Goldberg
2835 N Lakewood Avenue
4B
Chicago, IL 60654
 - PAYMENT METHOD
 - Jason Goldberg
American Express ***2001
Exp. Date: 07/2017
 - Coupon Code field (COUPON CODE HERE) and Apply button
 - Order Total: \$ 69.99
 - Shipping and Handling: FREE SHIPPING
 - Estimated Tax: \$ 0.00
 - Amount Due: \$ 69.99
 - Edit Details and Place Order buttons

Relentless Simplification

22 INPUTS



boingo
Get Online Now
Setup Your Account
Change Password
Change Language
Promotional Code
NEXT

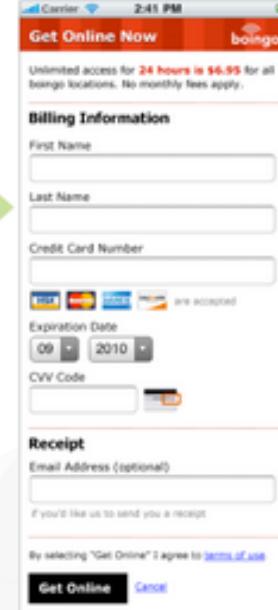
George Hause
Mobile wireless Wi-Fi access on your smartphone or laptop. boingo offers unlimited access for \$1.99 USD each month. Please note, this is a monthly recurring payment. You can cancel at any time or change your plan at any time.

Contact Information
First Name: _____
Last Name: _____
Username: _____
Your username must be 8 lowercase letters, between 4 and 16 characters in length. Numbers and punctuation can be included in your username.
Password: _____
Your password must contain at least 8 characters.
Confirm Password: _____
Email: _____
Confirm Email: _____
Mobile Number: _____
Fields marked with an * are required.
BACK NEXT



boingo
Get Online Now
Setup Your Account
Credit Card Information
We accept: 
Number: _____
Expiration Month: Year:

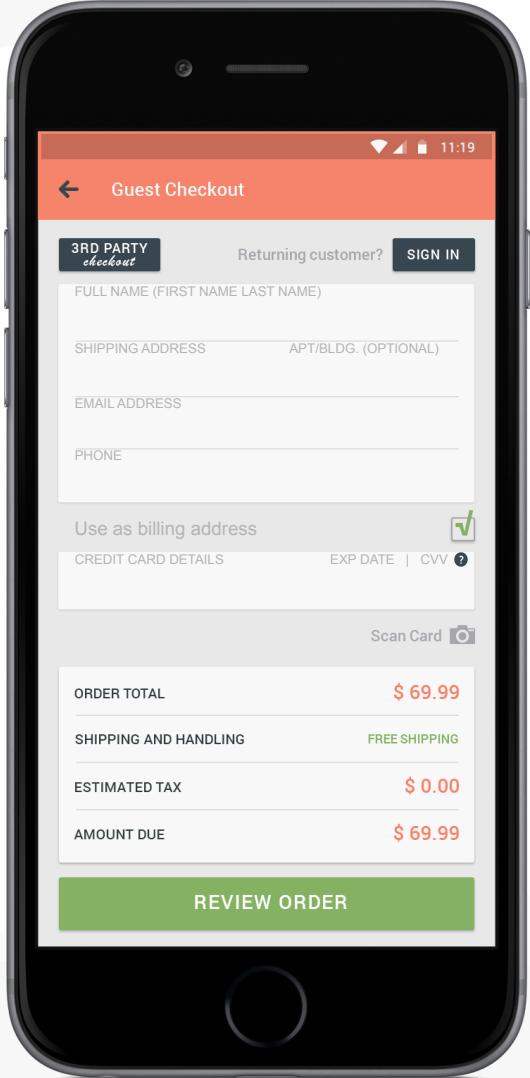
8 INPUTS

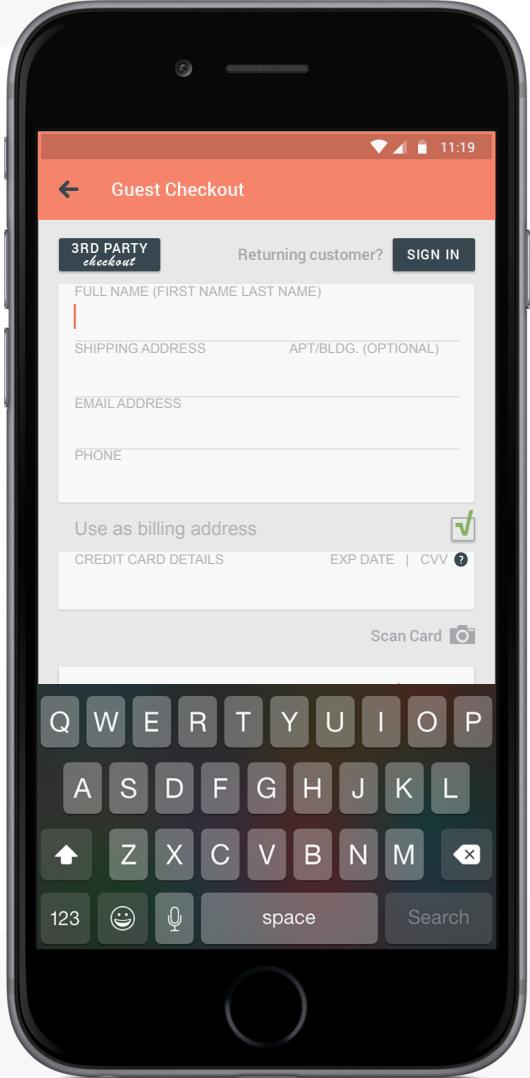


Carrier 2:41 PM boingo Get Online Now boingo
Billing Information
First Name: _____
Last Name: _____
Credit Card Number: _____
Expiration Date:

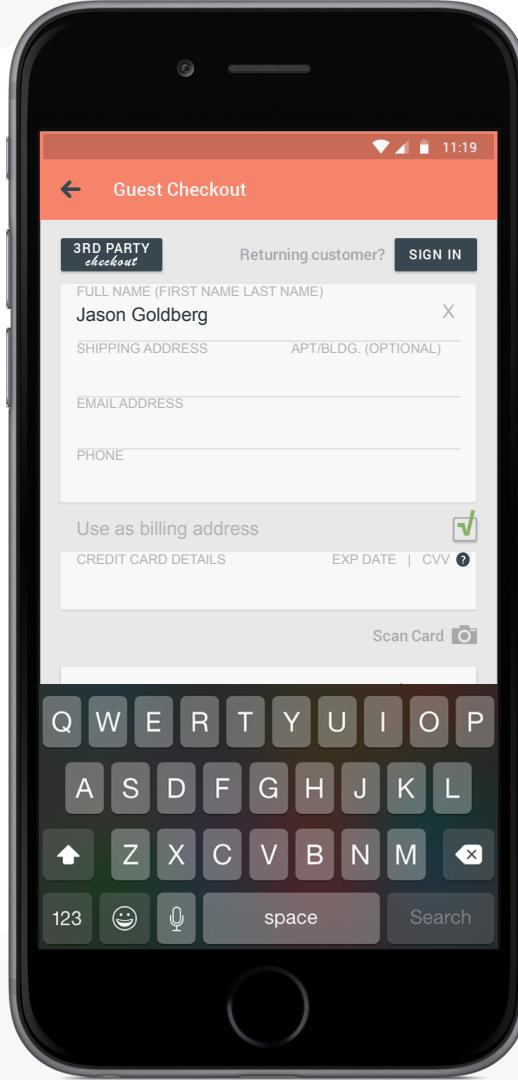
razorfishTM

Five Field Checkout

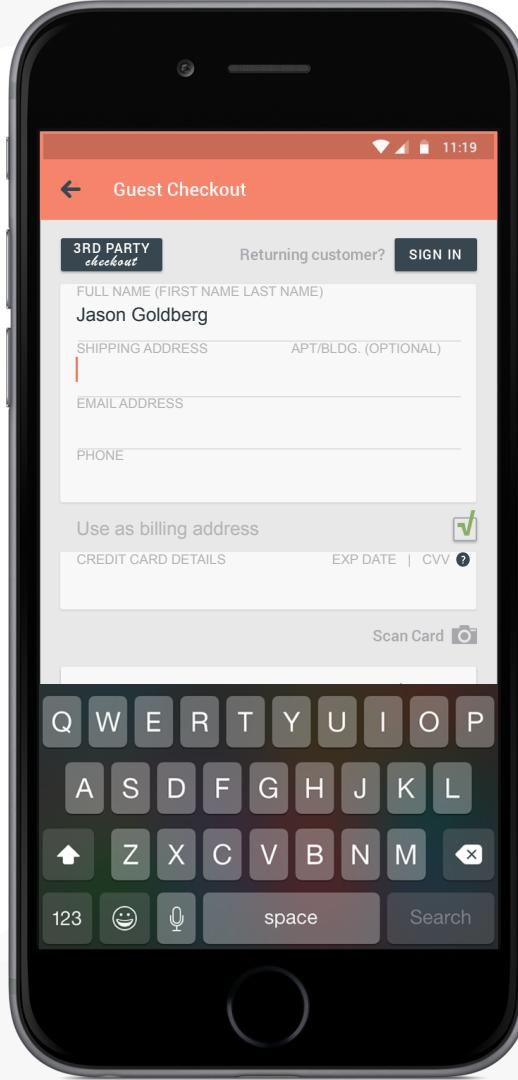




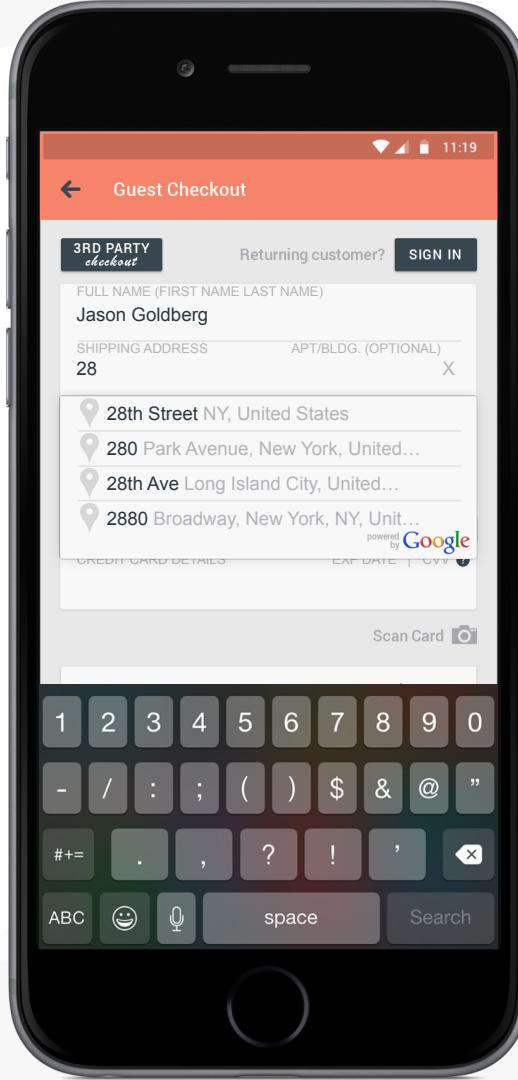
Full Name



Full Name



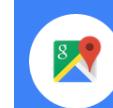
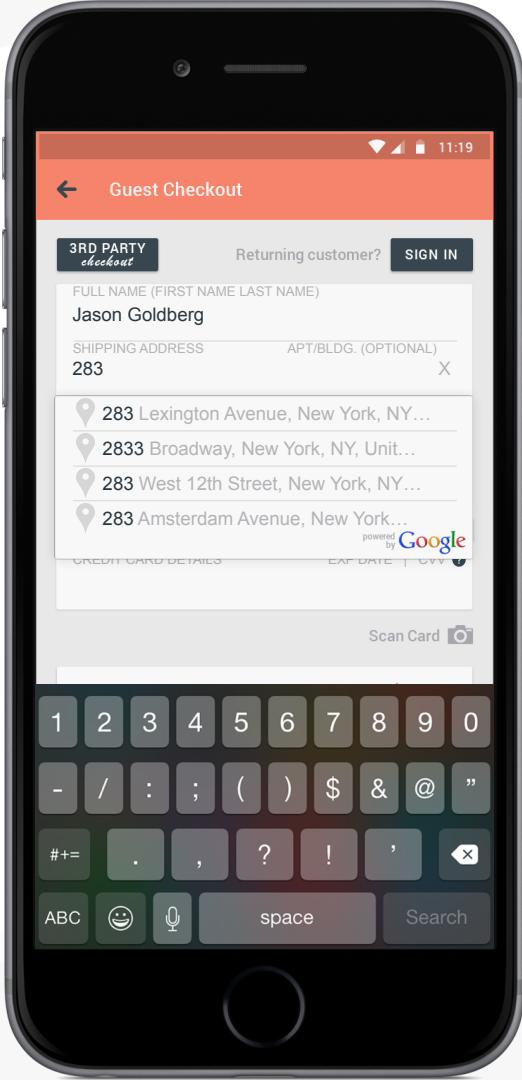
Shipping Address



Google Maps

Autocomplete for
Addresses API
<http://rg.tl/AutoAddr>

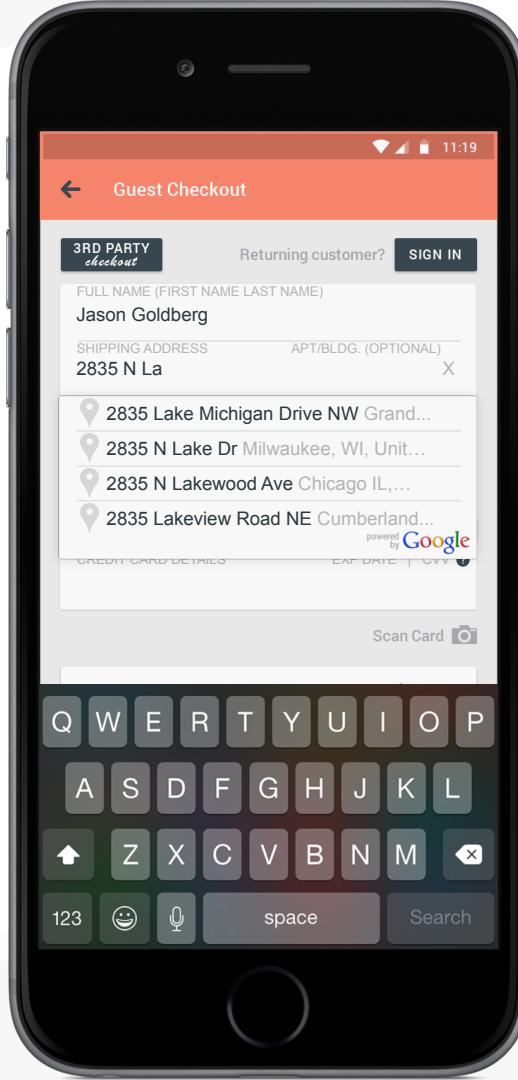
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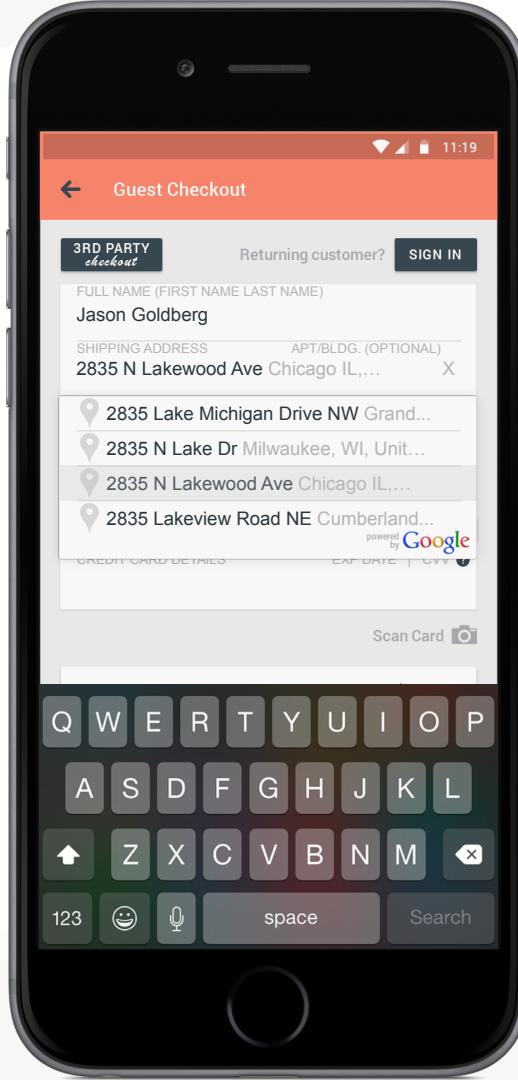
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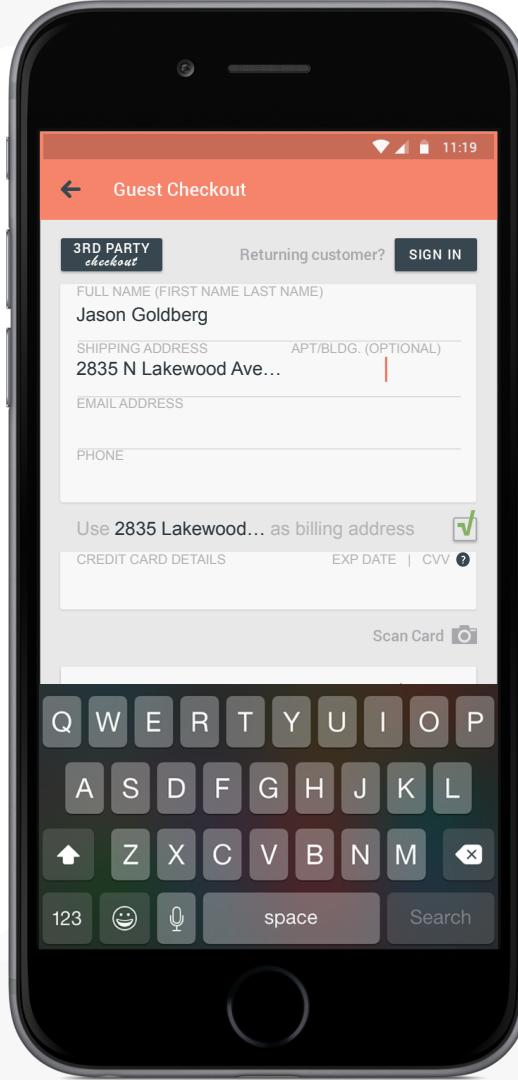
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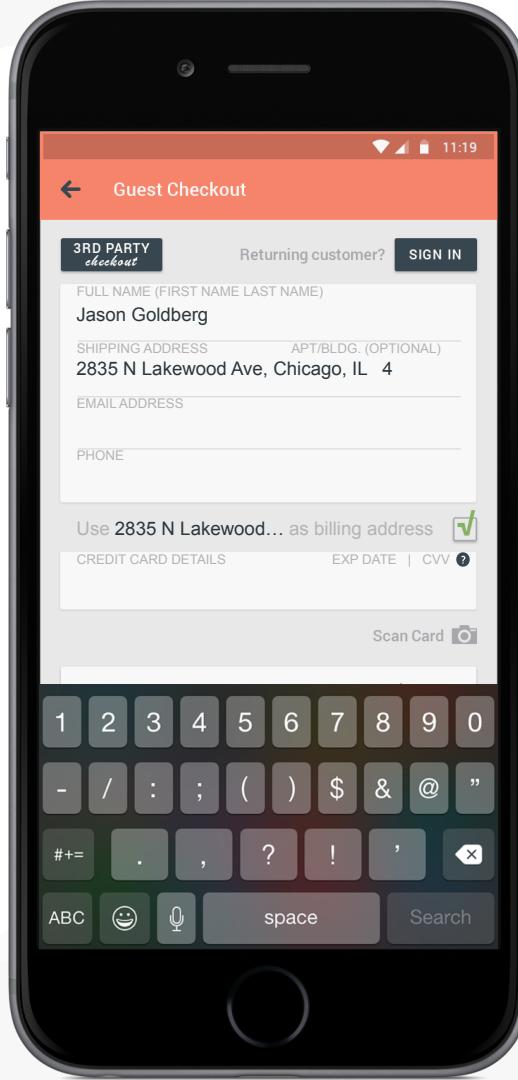
Shipping Address



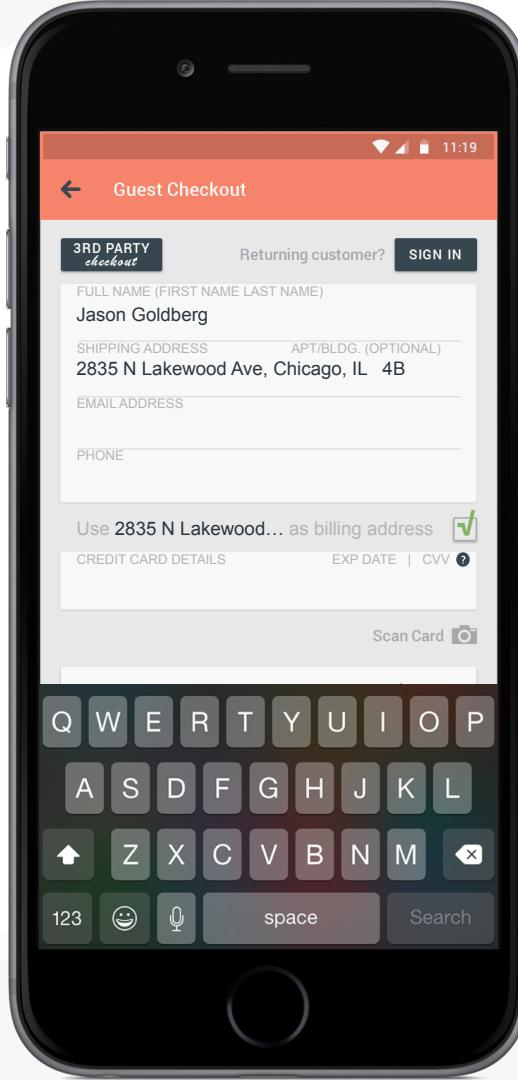
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Addresses API
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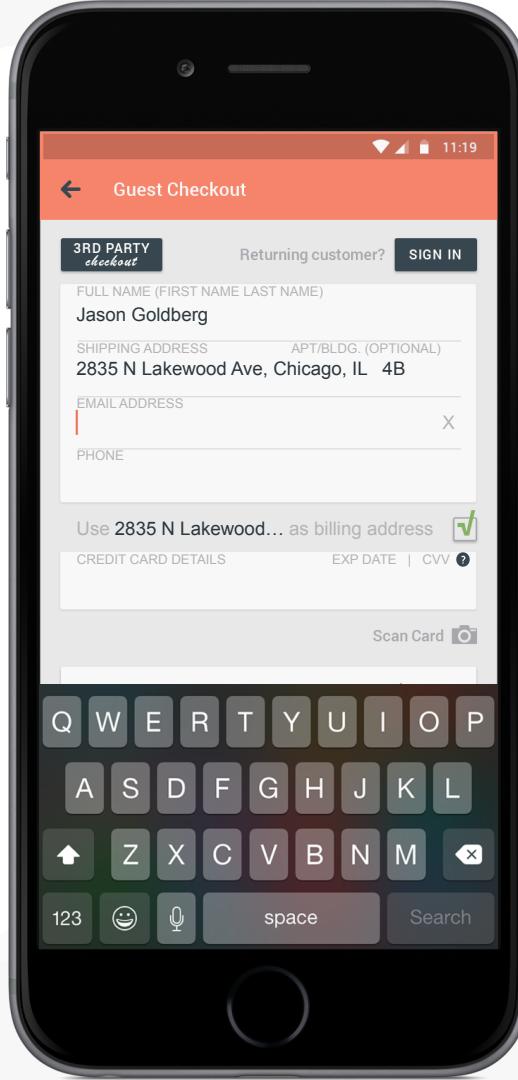
Shipping Address



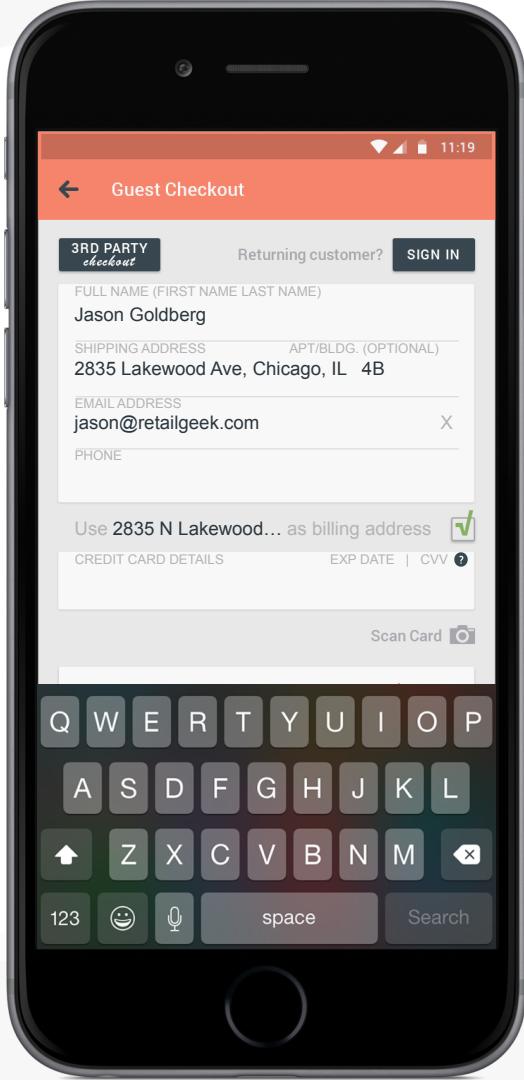
Shipping Address



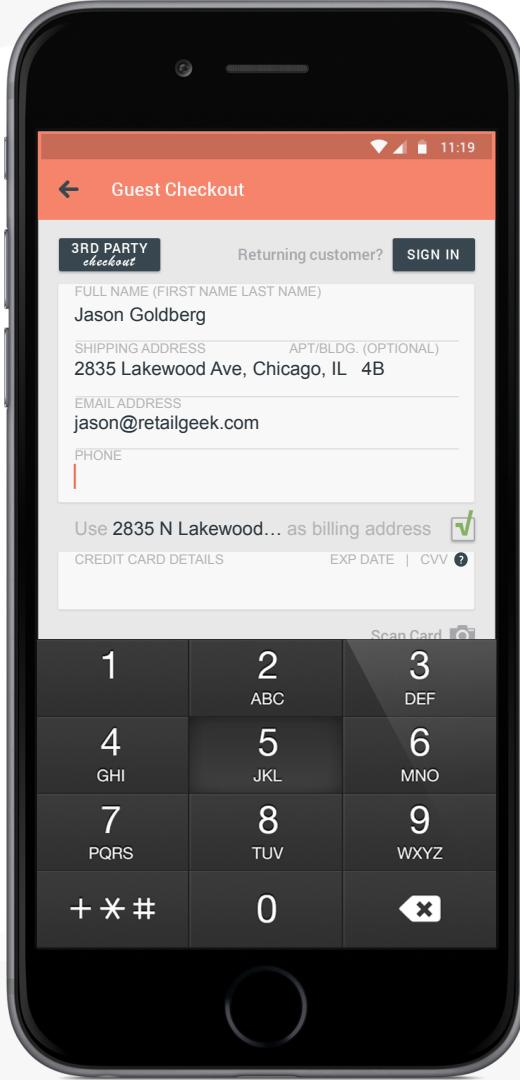
Shipping Address



Email Address

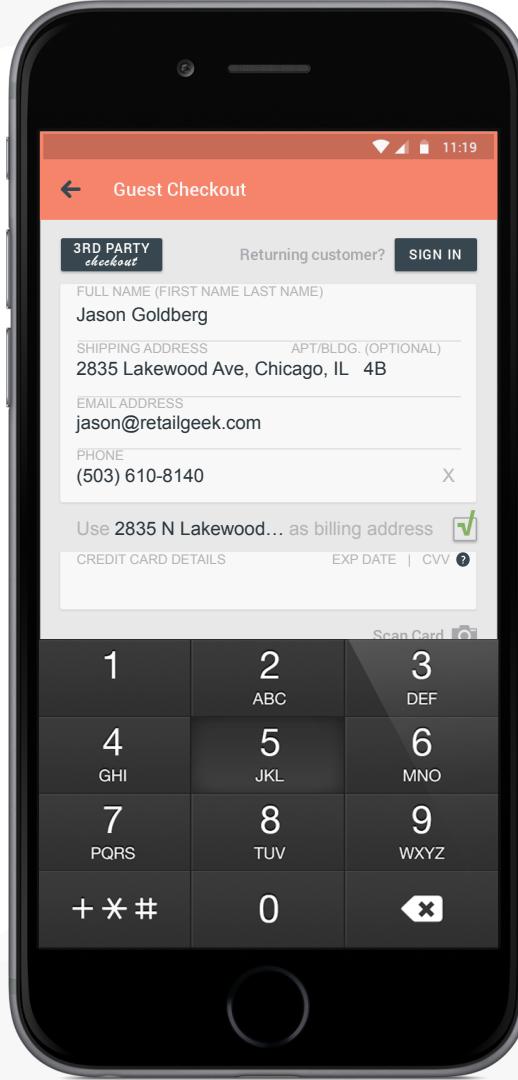


Email Address



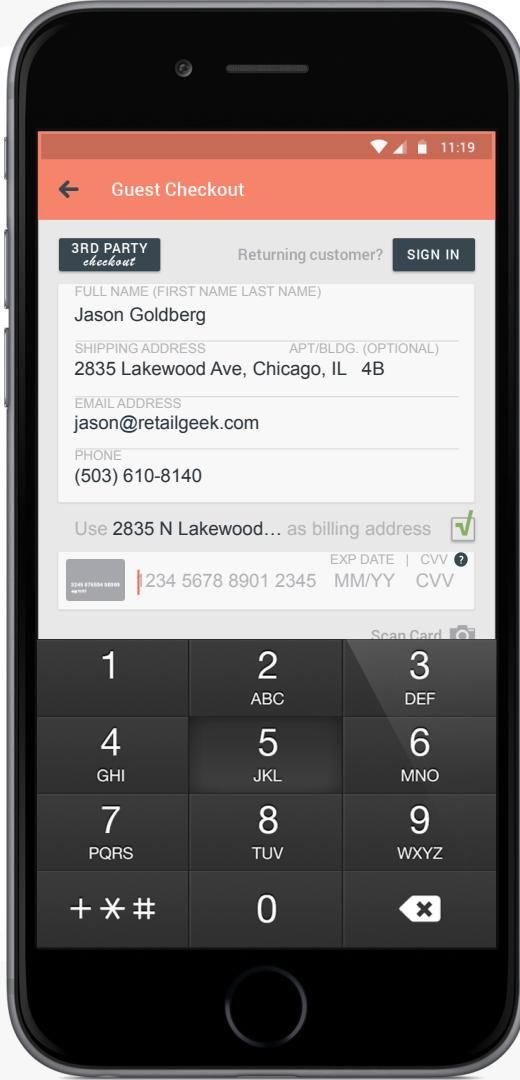


Phone

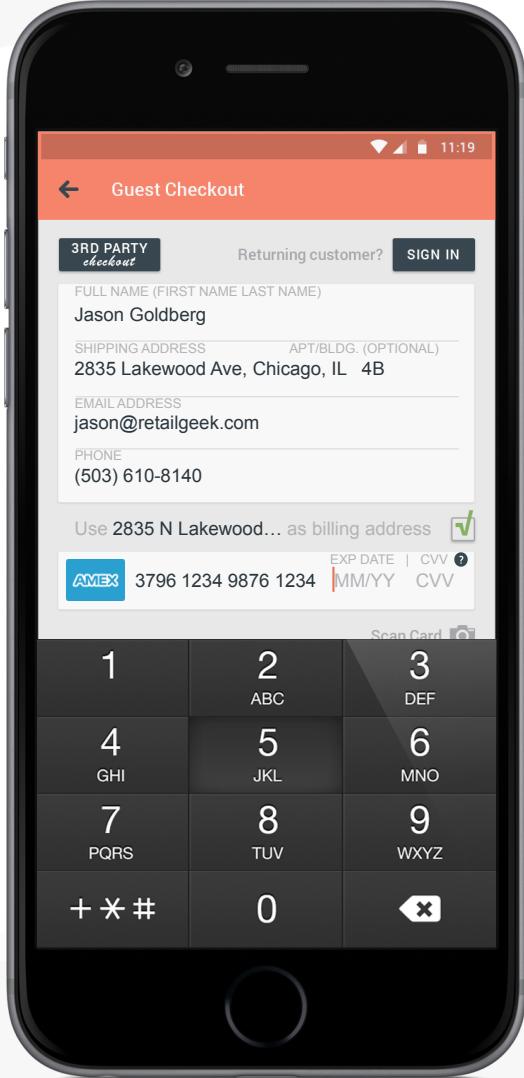




Phone



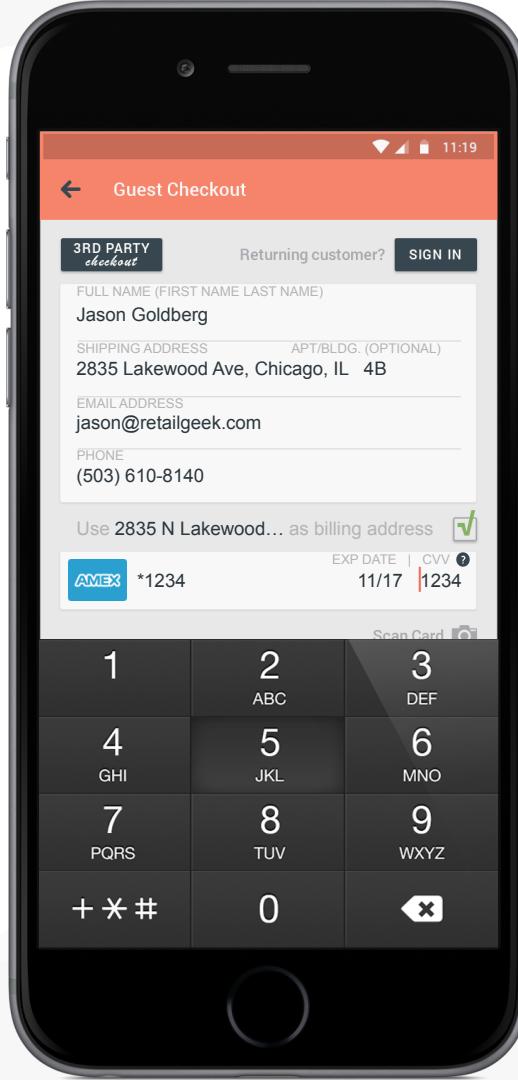
Credit Card



One Field CC Code
<http://rg.tl/1fldcc>



Credit Card



Exp Date & CVV



One Field CC Code
<http://rg.tl/1fldcc>

