

GALLERY PRINTS MAIL & FAX ORDER FORM

PhotoArts

IMAGING PROFESSIONALS



\*verified before shipping

Customer Name [text box]

Phone [text box]

Company Name [text box]

Fax [text box]

E-mail [text box] would you like to receive e-mail about monthly specials  yes  no

BILLING ADDRESS

SHIPPING ADDRESS

Street [text box]

Street [text box]

Suite [text box]

Suite [text box]

City [text box] State [text box]

City [text box] State [text box]

Zip [text box] - [text box]

Zip [text box] - [text box]

PRODUCT CODE	PRODUCT DESCRIPTION	QUANTITY	PRICE	AMOUNT

Purchase Order [text box] (GOVERNMENT AGENCIES)

Mississippi residents please add 7% sales tax on total order.\* (MS RESIDENTS ONLY)

SUBTOTAL

SALES TAX

TOTAL

PAYMENT PREFERRED

CREDIT CARD INFORMATION

- pay-on-pickup
- check (shipped upon receipt of payment)
- credit
  - discover  master card
  - visa  american express

credit card number [text box] exp date [text box]

name on card [text box]

Signature of Card holder [text box]