

Art Order Form

Name _____

Shipping Address _____

City _____ State _____

Zipcode _____ Phone # _____

E-mail _____

Date _____

Name of print(s) _____

Price _____

Add 6.25% sales tax (MA residents only) _____

Total (without shipping) _____

PAYMENT METHOD

Check Enclosed Wire transfer (Please email to arrange this)

Credit Card (thru PayPal) Cash Installment

⇒ INSTALLMENT CUSTOMERS - Fill out the information below

Select length of installment plan:

1 Year 2 Year 3 Year Other _____

Select payment interval:

Every Month Every 2 Months Other _____

Today's Date _____ Initial Deposit _____

Your minimum monthly payment will be _____ for _____

Amount owed _____ Print taken Print will be taken after payments are complete

**This agreement can be terminated at any time. If payments are not completed, the artwork will be returned and a full refund will be made.

Signed _____ Signed _____

Call or email to confirm shipping costs.

413.634.5591

leni@lenifriedprintmaking.com

**Send payment to: Leni Fried, 494 Stage Road, Cummington, MA 01026
413.634.5591 - leni@lenifriedprintmaking.com**

Make Check Out To: Leni Fried Designs