

Akers Art Studio

Order Form

Name _____ Date _____
Address _____ City _____ Zip _____
Day time Phone (_____) _____ - _____ Cell # (_____) _____ - _____
Email address _____

Web Site: www.AkersArtStudio.com

Sculpture #	Quantity	Size	Price	Ship	Total
_____	_____	X	\$ _____	\$ _____	\$ _____
_____	_____	X	\$ _____	\$ _____	\$ _____
_____	_____	X	\$ _____	\$ _____	\$ _____
_____	_____	X	\$ _____	\$ _____	\$ _____
_____	_____	X	\$ _____	\$ _____	\$ _____
_____	_____	X	\$ _____	\$ _____	\$ _____
_____	_____	X	\$ _____	\$ _____	\$ _____
_____	_____	X	\$ _____	\$ _____	\$ _____
_____	_____	X	\$ _____	\$ _____	\$ _____

How paid Cash CK# _____ Visa/MC *Total Sale This Order* \$ _____

Name on Card _____ Billing Address _____

Card# _____ Expires ____/____ Security Code _____

Fax order to 541-367-1424 or mail to:

38203 Courtney Creek Drive, Brownsville, OR 97327 541-367-1424 Ship _____

Feel free to discuss your individual desires with the artist.

Notes or comments: