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212-929-9900

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EMAIL
info@jfieldsstudio.com

WEB
http://www.jfieldsstudio.com

DATE:

FROM:

ADDRESS:

EMAIL:

PHONE:

POSTERS INCLUDED WITH ORDER:

	DESCRIPTION/ TITLE	QUANTITY	WORK TO BE PREFORMED*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

*Bleach=B, Linenback=L, Restoration=R (if unsure leave blank).

We request that a credit card (Visa or Mastercard) be put on file with us prior to beginning of work. You will not be charged until your order is complete. At which time you will be emailed an invoice then billed twenty four hours later unless other arrangements are made (You may call in credit card info if you prefer).

Credit Card Type: _____ Number: _____
Exp: _____ CVS Code (three digit code on back of card): _____

Billing Address (If different from above):

