



PHOTO FRAMING Order Form

NAME			
ADDRESS		POSTAL CODE	
PHONE	METHOD OF PAYMENT	DATE RECEIVED	DATE PROMISED
DESCRIPTION OF ITEM TO BE FRAMED		DECLARED VALUE	

ITEM	DESCRIPTION			AMOUNT
FRAME	SIZE	MOULDING NO.		
LINER	SIZE	NO.		
MAT #1	NO./TYPE	COLOUR	MARGINS T S B	
MAT #2	NO./TYPE	COLOUR	MARGINS T S B	
GLASS	<input type="checkbox"/> REGULAR <input type="checkbox"/> NON-GLARE	<input type="checkbox"/> FLEXI <input type="checkbox"/> ACRYLIC	<input type="checkbox"/> MIRROR	
MOUNT	<input type="checkbox"/> DRY <input type="checkbox"/> WET	<input type="checkbox"/> MUSEUM	TYPE OF BACKER	
LAMINATE	<input type="checkbox"/> PRINTGUARD <input type="checkbox"/> EXHIBITEX	<input type="checkbox"/> LINEN		
HANGER	<input type="checkbox"/> WIRE	<input type="checkbox"/> EASEL	<input type="checkbox"/> SAWTOOTH	
MISC. SERVICES	<input type="checkbox"/> STRETCH <input type="checkbox"/> BLOCK	<input type="checkbox"/> REPAIR <input type="checkbox"/> FITTING	<input type="checkbox"/>	
MISC. SUPPLIES				
SPECIAL INSTRUCTIONS			SUBTOTAL	
			GST	
			PST	
			TOTAL	
			DEPOSIT	
			BALANCE	

I hereby authorize the above work to be done with any material or supplies required. Recognizing that extreme care will be taken with the article(s) being framed, I agree to assume all risks and liabilities. I understand the shop is not responsible for work left over 30 days.

CUSTOMER'S
SIGNATURE

DATE