

NAME _____				PHONE # _____			
COMPANY: _____				CONTACT: _____			
ADDRESS _____				ORDER DATE _____		PICKUP _____	
ARTWORK							\$ _____
							\$ _____
							\$ _____
							\$ _____
							\$ _____
							\$ _____
FRAME#							\$ _____
LINER#							\$ _____
FILLET#							\$ _____
MAT#							\$ _____
GLASS MSMTS.							

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Art Country Canada**  
**412 Memorial Drive N.E.**  
**Calgary, AB. T2E 4Y7**  
**Phone: 265-4555 Fax: 265-4554**

CUSTOMER SIGNATURE: \_\_\_\_\_

MATERIALS	_____
FR LABOUR	_____
OTHER	_____
SUBTOTAL	_____
G.S.T.	_____
TOTAL	_____
DEPOSIT	_____
BALANCE	_____