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**EMAIL**  
 info@papersmith.net

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**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):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_