

Hunsaker ORDER FORM

CLIENT INFORMATION

Name: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Day Phone: (_____) _____ Cell Phone: (_____) _____
E-mail: _____
Please list the best way and time to contact you: _____

PAYMENT INFORMATION

Total Purchase Price: _____ Non-Refundable Down Payment: _____
 Check Cash Credit Card Credit Card Information: Visa MC Disc AmEx
Card # Exp: / Security Code:
Cardholder Name: Same as above _____
Billing Address: Same as above _____
City: _____ State: _____ Zip: _____

PAINTING & SUBJECT INFORMATION (FOR ARTIST USE)

Total # Paintings: _____ Size(s): _____ Target Due Date: _____
Subject(s) / Background Notes: _____

Original Art / Commission exp: _____
Other Decision Makers? _____
Significance of Portrait/Timing? _____
Who inherit? _____
Framing? Where hang? Decor? _____
Concrete Vision? 1= no idea 5= very certain 1 2 3 4 5 _____
Artist's Disgression? 1 = totally comfortable 5 = no comfort 1 2 3 4 5 _____
Other Notes: _____

TERMS AND CONDITIONS

Yes, please send me a copy of this Order Form
By signing below, I acknowledge that I have received, read, and agree to abide by the Terms and Conditions of this commission.

Signature X _____ Date: _____