

JOHNSON ART STUDIO

ORDER #

ORDER FORM

1055 17TH AVE.
SANTA CRUZ, CA 95062
PH 831-464-0567 * FX 831-464-1325

Customer:		Ship to:		
Phone:		Fax:		Other:
P.O.# / Sidemark:		Cust. Type	Ship Method:	Order Date:
				Est. Lead Time:

Qty.	Model #	Size - Shade Type - Mounting Style	Price ea.	Total

Metal Finish: \$		Glass Type: \$		
*OAH" \$	Check if Sloped Ceiling <input type="checkbox"/>	Etch: \$		

Special Inst.

Qty.	Model #	Size - Shade Type - Mounting Style	Price ea.	Total

Metal Finish: \$		Glass Type: \$		
*OAH" \$	Check if Sloped Ceiling <input type="checkbox"/>	Etch: \$		

Special Inst.

Qty.	Model #	Size - Shade Type - Mounting Style	Price ea.	Total

Metal Finish: \$		Glass Type: \$		
*OAH" \$	Check if Sloped Ceiling <input type="checkbox"/>	Etch: \$		

Special Inst.

*Indicate Overall Height in inches from ceiling to bottom of glass.		Subtotal:	\$
Name on CC		County Tax:	\$
		Ship Est.	\$
		Total:	\$
		Deposit:	\$
CC#	- - -	Exp.	/
CC Billing Street # or P.O Box #	Zip	CVV#	

50% Deposit To Start Production / Balance Charged @ Invoicing