

Porcelain Artistry

Order Form

Your Information

Name _____
Address _____
Phone daytime _____ Phone evening _____
Email _____ Fax _____
Signature _____

For Commission

Name of desired figurine _____
Describe the color of gown _____
Hair and eye colors _____
Any additional comments _____

Method of Payment

Credit Card

If you prefer to pay with a Visa or MasterCard, please provide the following information. If paying via credit card, you may fax this form to (949) 654-0016.

Billing address on your credit card including zip code _____

Shipping address if different than above _____

Name of cardholder as written on card _____

Credit card number _____

Security code on the back of the card _____ Expiration date _____

Check

If you prefer to send a check for partial or full payment, then enclose your check with the upper portion of this form filled out.

Send in the post:

Porcelain Artistry
P.O. Box 52842
Irvine, CA 92619-2842

Call or email me with any questions you may have (949) 654-0016 or info@porcelainartistry.com