



arthead
studio

BILLING INFORMATION	SHIPPING INFORMATION
Name/Business _____	Name/Business _____
Address _____	Address _____
_____	_____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (Day) _____	_____
Phone (Evening) _____	Email _____

Item #	Quantity	Item Description	Price Each	Total for Item

SHIPPING & HANDLING RATES

If your order totals	Add
Up to \$34.99	\$5.65
\$35.00 to \$49.99	\$7.65
\$50.00 to \$74.99	\$9.65
\$75.00 to \$124.99	\$13.65
\$125.00 to \$199.99	\$17.65
\$200.00 and over	10% of order

SUBTOTAL	\$
5% SALES TAX <small>(Massachusetts only)</small>	\$
SHIPPING & HANDLING	\$
OTHER	\$
TOTAL	\$

Payment Information	
Enclose your check, money order or charge card information.	
<input type="checkbox"/> Money Order <input type="checkbox"/> Check (payable to: Deborah Kracht) Charge <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit Card	
Card # _____	Cardholder's Billing Address _____
CVV Code (last 3 digits on signature strip) _____	Address _____
Expiration Date _____	Signature _____
Phone # _____	Print Name _____

SUBMIT ORDER TO:
ArtHead Studio 45 Stimson Street, Palmer, MA 01069
 Call (413) 289-2091 OR Email orders@artheadstudio.com