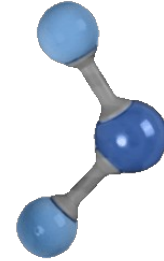
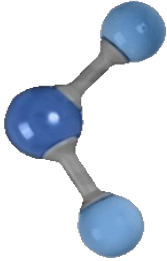


Number of boxes ____ of ____

H₂O GRAPHIX



CUSTOMER INFORMATION

Customer Name: _____ Business name: _____

Full address:

Account Number:

Payment Type: Cash _____ Check _____ Credit card _____

Credit card number: _____ Expiration date

Description of work:

OFFICE USE ONLY:

Invoice number: _____

Date in: _____

Date out: _____

Paid in full: _____ Date: _____

1. Item being processed: _____
 - A. Base color of item #1: _____
 - B. Pattern of item #1: _____
 - C. Clear coat of item #1: Flat _____ Semi-Gloss _____ High-Gloss _____
 - D. Additional information: _____
-
-

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 - A. Base color of item #1: _____
 - B. Pattern of item #1: _____
 - C. Clear coat of item #1: Flat _____ Semi-Gloss _____ High-Gloss _____
 - D. Additional information: _____
-
-

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