

Check for Change of Address

# NOUVEAU STITCHED ALBUM ORDER FORM

Studio Name: \_\_\_\_\_  
 Studio Job #: \_\_\_\_\_  
 Ordered by: \_\_\_\_\_  
 Shipping address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## PAYMENT OPTIONS

Check  Visa  MasterCard  American Express

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_

ORDER  
FORMS

## NOUVEAU STITCHED ALBUM COVER

ALBUM SIZE	COVER COMBINATION	COVER DESIGN	PAGE COLOR	# OF PAGES	QUAN.	CHECK STUDIO DISPLAY	PRICE EACH	TOTAL
Check Specialty Page Type: <input type="checkbox"/> Wing <input type="checkbox"/> Flip <input type="checkbox"/> Panorama (Number of panorama spreads _____)								
Specialty Page Location: _____ (Page number)								
<b>Subtotal</b>								

### SHIPPING INFORMATION

0 - \$120.00 = \$ 9.95  
 \$120.01 - \$180.00 = \$12.95  
 \$180.01 - \$230.00 = \$17.95  
 \$230.01 - \$350.00 = \$22.95  
 \$350.01 + = \$27.95

*Hawaii, Alaska, Puerto Rico:  
 Air service is available.  
 Please inquire about rates  
 and restrictions.  
 Credit card orders only.*

DESCRIPTION	PRICE TOTAL
Nouveau Stitched Album Cover	
Nouveau Carrying Case	
Mats with 0 to 3 openings (See Mat Order Form)	
Mats with 4+ openings (See Mat Order Form)	
Custom Mats (See Mat Order Form)	
Specialty Pages (See Options on Pages 32 & 33)	
<b>Subtotal</b>	
Add Shipping & Handling. See Chart at left.	
<b>ORDER TOTAL - Thank You!</b>	

Please make a copy of order form page data above the dotted line, fill out your information on the copy and fax or mail.