LENZ ARTS PRINTING PAPER ORDER

Once completed, please fax to 831.423.6840 or mail to 142 River Street, Santa Cruz, CA 95060.

Sheets Qty: _____ **WHITE BFK** 250g 22x30 **$476.00** per 100 *(**$0** FedEx per 100)*
Sheets Qty: _____ **WHITE BFK** 280g 22x30 **$567.00** per 100 *(**$0** FedEx per 100)*
Sheets Qty: _____ **CREAM BFK** 280g 22x30 **$567.00** per 100 *(**$0** FedEx per 100)*
Sheets Qty: _____ **TAN BFK** 280g 22x30 **$567.00** per 100 *(**$0** FedEx per 100)*
Sheets Qty: _____ **GRAY BFK** 280g 22x30 **$567.00** per 100 *(**$0** FedEx per 100)*
Sheets Qty: _____ **Arches Cover WHT** 250g 22x30 **$479.00** per 100 *(**$0** FedEx per 100)*
Sheets Qty: _____ **Arches 88** 300g 22x30 **$576.00** per 100 *(**$0** FedEx per 100)*

**Cream, Tan and Gray may be assorted in units of 50 to reach a quantity of 100.*

[Prices are subject to change without notice, we will contact you if pricing has changed.]

Customer: _____

Shipping Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____)_____-_____

e-mail: _____

Credit Card type: ☐ Visa ☐ MasterCard

Credit Card Number: _____-_____-_____-_____ Expiration Date: _____-_____

Security (VID) Number (the rightmost three digits in the signature box on back of card): _____

CARD BILLING ADDRESS (IF NOT THE SAME AS SHIPPING ADDRESS):

Cardholder Name: _____

Billing Address' STREET NUMBER ONLY: _____

Billing Address' ZIP CODE ONLY: _____

Phone number of Card Holder: (_____)_____-_____

I authorize Lenz Arts, Inc. to charge my credit card for this purchase. I agree to pay any charges according to my card issuer's agreement.

Cardholder Signature: _____ Date: _____

Comments: _____

_____

_____

Lenz arts
142 River Street
Santa Cruz, CA 95060
831.423.1935 *sales*
831.423.6840 *facsimile*
lenzarts.com *website*