Deposit	
Balance	
Shipping	

PHIL CURREN AUTOMOTIVE ART REQUEST FORM

Order#	
Received	
Ship By	
Due By	

			Due By		
Please complete the follo	owing information and subn	nit with photos to philcurrenart@gma	ail.com		
Name		process of principle grant gra			
Address		 Preferred Payment Method 	Paypal	Check	Cash
Address		 Delivery Method			
City, State, Zip		Gift?	Yes	No	
Phone		_ Gift Recipient			
Email		_ Date of Gifting			
Preferred Method of	Communication	_			
CHAIR DETAILS					
Year M	ake/Model				
Color(s)			•		
Add Portrait/Specific	Background? (Add'tl cha	arges may apply)	Yes	No	
, ,		/Background Information			
(Licence	•	ar History, Family Story,Recipient	Info, etc.)	
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-1.41					
Phil's Notes:					