

SALON MUSÉE

ARTWORK ORDER FORM

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Email _____

Home phone _____ Business Phone _____

In order to place your order, we require credit card information or payment by check send to address below.

Circle one: MC Visa

Card Number _____

Expiration _____/_____

Artwork Information

Artist _____

Artwork Title _____

Price \$ _____

AGREEMENT

I agree to allow Salon du Musée/Salon d'Arts, Inc. charge my above credit card for the artwork stated above. All sales are final.

Signature _____ Date _____

Return to:

Natalie Rekstad-Lynn
Salon du Musée/Salon d'Arts, Inc.
327 Majestic View Drive, Boulder, CO 80303
303 494 0180; fax 303 494 1801

Thank you for your support of Salon du Musée and the Denver Art Museum