JAMES COLEMAN STUDIOS INC.

Commissioned Original Form

Date: _____ PO #_____ Invoice #_____ Faxed____

Medium: _____ Unframed Size: _____

Price: _____ Quote From: _____

Detailed Description - Pictures included (circle)? Yes (if yes please attach) No

Primary Subject:

Reference painting(s):

Primary Coloring:

Special Requests:

Is this a gift or Surprise: Yes For:_____ No

Frame Type, Style :

Name:_____ C/O _____

Address:_____

State: _____ Zip:_____ Country:_____ Phone: _____

Shipping From: _____ Service: _____

Sales Person: _____ Approx finish date: _____

- Minimum 50% down required before commission will be started.
- No refunds, only store credit, after painting is started.
- Prices subject to change due to changes or demands by client.

Please remember: Artist can only paint within his style and knowledge of subject matter.

Client Approval:_____ Commission Start Date:_____
Delayed: