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**OFFICE USE ONLY**

REF:  
RECEIVED:  
IMAGE:  
DEPT:

## DIGITAL ACRYLIC ORDER FORM

### Instructions

- Complete the order form in capitals, use one order form per image
- Check you have read our terms & conditions and signed the order form
- Complete the payment section, then post or fax us your order
- If you are ordering a gallery image you must specify an image reference number
- If you are using your own image you can email your image to [info@imagey.co.uk](mailto:info@imagey.co.uk) or
- Alternatively put it on a CD or send a hardcopy photograph in a hard-backed envelope

### CUSTOMER CONTACT DETAILS

Title:	Initial:	Surname:
Address:		
Town/City:		
Postcode:		
Daytime Phone:		
Email:		

### DO YOU HAVE A DIFFERENT DELIVERY ADDRESS?

Title:	Initial:	Surname:
Address:		
Town/City:		
Postcode:		
Daytime Phone:		
Email:		

### PRODUCT CHOICE – DIGITAL ACRYLIC

face size inches	metric size approx.	gallery image	your image
16"x12"	40x30cm	160	140
20"x16"	50x40cm	200	180
20"x20"	50x50cm	245	215
30"x20"	75x50cm	290	260
30"x30"	75x75cm	355	325
40"x30"	100x75cm	395	365
40"x40"	100x100cm	435	395
58"x40"	145x100cm	535	495
Custom		£email	£email

Prices include VAT.

PRODUCT SIZE CHOICE		<b>SUB-TOTAL</b>
Size <input type="text"/>	x quantity <input type="text"/>	£

**IMAGE**

I have chosen a gallery image: Reference Number:

Or

I want to use one of my images: I will: Email\*  Post CD  Post Hardcopy

\*Email images to [info@imagey.co.uk](mailto:info@imagey.co.uk)


**For identification, please describe your photograph or picture:**

\_\_\_\_\_

**I HAVE READ AND UNDERSTOOD THE TERMS & CONDITIONS, PLEASE GO AHEAD:**  
(Our Terms & Conditions can be found in the 'about us' section)

Signed:	Today's date: <input type="text" value="DD MM YY"/>
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**PAYMENT**

<b>UK POST &amp; PACKAGING</b> (Single item)	<b>£9.95</b>	<b>GRAND TOTAL: £</b> <input type="text"/>
<input type="checkbox"/> Cheque (payable to 'Imagey' in GBP £ only)		
<input type="checkbox"/> Switch <input type="checkbox"/> Maestro <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
		
Card Number	<input type="text" value="□□□□ □□□□ □□□□ □□□□"/>	Expiry: <input type="text" value="MM YY"/> Issue <input type="checkbox"/>
<b>Cardholder Name:</b>	<b>Signed:</b>	
<input type="text"/>	<input type="text"/>	

If you are happy for imagey to send you new product information and updates, please tick this box   
We respect your privacy and never pass on your details to third party companies.

**Thank you for your order.**