



SHIPPING ORDER

CUSTOMER

NAME	CLIENT No.
ADRESS	
COUNTRY	VAT No.
EMAIL	
PHONE No.	FAX No.
LOT/S No.	SALE DATE

INSTRUCTIONS

Please collect from:

Phone No: Contact:

DELIVERY ADDRESS:

Please forward my lots/s by: Air Freight ☐ Courier ☐ Truck ☐ Other ☐

Special Instructions:

In-transit insurance: NO ☐ YES ☐ Value: _____

Please charge my: VISA ☐ Master Card ☐

Card No. Expiry date Security code

Place Date

Signature

Block Letters

When Signed Please Fax or Mail to *ArtMove*