

Michael Bryant

Fine Art Photography

Quantity _____ Item # _____ Title _____ Size _____ Framed/Unframed _____ Price _____

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Quantity _____ Item # _____ Title _____ Size _____ Framed/Unframed _____ Price _____

Subtotal _____

Tax (GA Res. Add 7%) _____

Shipping (Add 9%-minimum \$6) _____

Total _____

Your Name _____

Shipping Address _____

City _____

State/Zip _____

Is this a residential address? _____ Phone _____

Email _____

Make checks payable to Michael Bryant

Questions? (404) 321-9119

Fax this form to: (404) 321-9119

or Mail with payment to:

2249 Chrysler Ter NE

Atlanta, GA 30357

Creditcard# _____

Exp date _____

Name on Card _____

Signature _____

Billing address for your credit card statement
(if different from shipping address)

Credit Card Security # _____

(MC/Visa-3 digit # on Signature line on Back of Card at the end of Card number)

(AMEX-4 digit # printed on front of card above card #, on the right)