

American Wellness Solutions, LLC
Giclée Order Form

(Please use a separate form for each giclée. Thank you.)

Customer information (please print clearly):

Name:
Street address:
City, State, Zip:
Cell phone:
E-mail:
Referred by:

Giclée information (please print):

Name of print:			
Size:	<input type="checkbox"/> 8" x 12" (\$75)	<input type="checkbox"/> 12" x 18" (\$135)	<input type="checkbox"/> 20" x 30" (\$195)

Please make check payable to:

American Wellness Solutions, LLC

Mail check and completed order form(s) to:

American Wellness Solutions, LLC
PO Box 281
Hampton, NH 03843

Once the order form is received, you will be sent an e-mail confirming the delivery date.
All sales are final.

E-mails any questions to: **AmericanWellnessSolutions@protonmail.com**

For office use only: <hr/> <hr/>
