



Fine Art Reproductions
1-800-893-9564
Fine art reproduction estimate request/Order form

 Complete the following form, **return or fax** it to us and we will email or mail you an estimate of the total cost to perform the work.

Contact/billing Information:	
Name: _____	Proposed Edition count _____
Company: _____	<div style="display: flex; justify-content: space-between; align-items: center;">  <input type="checkbox"/> Credit card info  <input type="checkbox"/> </div> Name: _____ Card # _____ Expiration: mm/yy ____/____
Address: _____	
City: _____ State: _____ Zip: _____	
Telephone: _____ Fax: _____	
Email: _____	
Resale Tax# _____	
Submitted Artwork to reproduce (Please label all originals and film. Do not send originals with frame or glass. Matting is ok)	
<input type="checkbox"/> Original Art work (Please describe) _____ _____	
<input type="checkbox"/> Transparency Color match _____ (requires print reference)	
<input type="checkbox"/> Digital Image Image Type: _____ Pixel Dim: Width _____ Height _____ Resolution: Pixels/inch _____ dpi	
Title of work: _____	
Requested Reproduction/Giclee Print information	
Final print dimensions in inches: _____	media manufacture
Media/Paper type: _____ <small>(reference media/paper types listed on www site or call us)</small>	<input type="checkbox"/> Epson <input type="checkbox"/> Hahnemuhle <input type="checkbox"/> Other _____ <input type="checkbox"/> Moab <input type="checkbox"/> Arches
Border size- inches: _____	
Order Print Qty: _____	
Liquid laminate: Matte ___ semi-gloss ___ Gloss ___ <small>(Included in canvas pricing)</small>	
Other Instructions:	

Copyright /Terms Agreement: I, the undersigned, acknowledge that I have read and accept the terms and conditions set forth by TLK Graphics, LLC and that all materials submitted (current & future) are my sole creations or that I have written permission by the copyright owner to reproduce and does not infringe or violate copyright or other property rights of third parties. Client agrees to hold harmless and indemnify TLK Graphics, LLC against these claims.

Name (printed) _____

Signature _____ Date: _____

Client/Artists/Agent Signature & Date: (required before work is started)
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