## MOLINA FINE ART Gallery & Studio

1634 SW 8 St. • Miami, FL 33135 Ph: 305.642.0444 • Fax: 305.642.2243

0	D	п	D		$\neg$	D	R	A
J	n	u	П	г.	J	n	I٧	/1

Date:

Bill To:			Ship To: (If different than bi	Ship To: (If different than bill to)					
Name: Address:			Name: Address:						
Phone: (	)		Phone: ( )						
QTY	ITEM	DESC	PRICE	TOTAL					
		<del>                                     </del>		<del>                                     </del>					
				$\vdash$					
		<u> </u>							
		<del> </del>		$\vdash$					
				$\vdash$					
	METHODS		SUBTOTAL						
☐ Check (n	mail with form) e Order #		TAX (FL residents) SHIPPING						
(approved PO's only)			Shirring						
			TOTAL						
Master C	Card	Card #			SHIP VIA:				
□ VISA		Card Expiration Date							
☐ AMEX		Security Code	-						
	name/Signature								
Credit Cards Street Addre		and note if the billing address	s for the card statemnets is diffe	rent than what is Zip Code:					