



Please fill out the below and fax order to Taylor Digital Imaging (1.506.778.8088). Taylor Digital Imaging will keep all information entered on this form strictly confidential. *NOTE: We will not be able to release your order until this form is filled out, signed and sent back to us.*

1 ORDER DETAIL:

Description	Quantity	Unit Cost	Sub-Total
Xtreme MEGA 1-4 (Print & Cut Autographics – 2 DVD collection)			
Xtreme MEGA 5-8 (Print & Cut Autographics – 2 DVD collection)			
Xtreme Air Brush Madness – Vol. 1 (2 DVD collection)			
Xtreme Air Brush Madness – Vol. 2 (2 DVD collection)			
Xtreme Air Brush Madness – Vol. 1 & 2 (150+ high res. images w/ transparent backgrounds)			
Xtreme Wrap Master – Vol. 1 (2 DVD collection)			
Xtreme Wrap Master – Vol. 2 (2 DVD collection)			
Xtreme Wrap Master – Vol. 3 (2 DVD collection)			
Art Station Vehicle Templates 2011			
Wrap Master MEGA PACK (Wrap Master 1,2,3: 1600+ backgrounds, fills, large format digital clipart)			
Wrap Master MEGA PACK 2 (Wrap Master 1,2,3 & Art Station 2011: 1600+ backgrounds, fills, clipart, + vehicle templates)			
THE WORKS! (All 7 Xtreme collections – MEGA 1-4, 5-8 [Print & Cut]; Wrap Master 1,2,3; & Air Brush Madness 1,2)			
Grand Total:		n/a	

2 PAYMENT INFORMATION:

Payment Type: VISA MasterCard American Express

Company Name _____ Name on Credit Card _____

Credit Card # _____ Date of Expiry (Month/Year) _____

Security Code _____ NOTE: For Visa and MasterCard, this is the last three digits on the back of the card. For American Express, this is the four digit code on the front above the card number.

Credit Card Billing Address:

Street Address _____ City _____ Country _____

Province/State _____ Postal/Zip Code _____ Phone _____

Authorization:

I authorize Taylor Digital Imaging to charge my credit card for the amount of \$ _____

I authorize Taylor Digital Imaging to charge my credit card for future purchases verbally approved by me: Yes No

Signature of Cardholder _____ Date (DD/MM/YYYY) _____

3 SHIPPING INFORMATION: (If different from address above.)

Street Address _____ City _____ Country _____

Province/State _____ Postal/Zip Code _____ Phone _____

I authorize Taylor Digital Imaging to ship my order to the above address: Initials _____

Thank you for your order!