

DESCRIPTION	<input type="text"/>	PHONE	<input type="text"/>	DATE	<input type="text"/>
CONTACT	<input type="text"/>	ALT PHONE	<input type="text"/>	DUE DATE	<input type="text"/>
ADDRESS	<input type="text"/>	# OF ITEMS	<input type="text"/>	URGENT?	
CITY/ST/ZIP	<input type="text"/>	EMAIL	<input type="text"/>		

IMAGE / OPENING SIZE : W H

MOULDING

TOP MAT	<input type="text"/>	Width	T	B	L	R
BOTTOM MAT	<input type="text"/>	Width	T	B	L	R

NOTES

MOUNTING	drymount	foam	af foam	transfer
GLASS	Reg	NG	UV	Plexi
WRAPPING	bag	bag crnr	box	
LABEL	none	theirs	ours	
DUST COVER	none	brown	black	
HANGING OPT	none	zig zag	d/ring/wire	security
SHIP / HOLD	Ship	Hold		

CRESTAR REP	<input type="text"/>	FRAME SIZE	<input type="text"/>
PRICE	<input type="text"/>	DEPOSIT	<input type="text"/>

WO # QB# Assigned to: