



A R C H E L A N<sup>TM</sup>  
S T U D I O

## A C C E S S O R I E S O R D E R F O R M



Product Description	Price (\$)	Quantity	Total (\$)
Bamboo Paintbrush	\$4		
Replacement Glass Inserts (Circle the appropriate size / piece): <i>Classic Vase</i>	\$4		
<i>Modern Classic Vase, Paragon Vase, Love Triangle Vase</i>	\$4		
<i>Modern Column Vase, Crescent Column Vase</i>	\$4		
<i>Cylindrical Vase, Raindrop Vase, Martini Flair Vase, Tropical Flow Vase</i>	\$4		
<i>Under the Moonlight LE, Magnolia Breeze LE</i>	\$8		
Replacement Gift Box: (Please call 650-872-8888 for the correct sizing and pricing)	\$		
			Subtotal before tax and shipping
			\$

**BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**SHIP TO: (if different from billing info)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**PAYMENT INFORMATION:**

Form of payment: VISA  MasterCard  American Express   
 Name as it appears on your card: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_ / \_\_\_\_\_

Or  Check made payable to: Archelan, LLC

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** Please fax us your completed order form to: **1-650-872-8888** or you can mail it to:

Archelan, LLC  
 Attn: Orders  
 90 South Spruce Ave, Ste J  
 South San Francisco, CA 94080