



For purchasing assistance, please contact:

E-mail: ed@artlinegroup.com

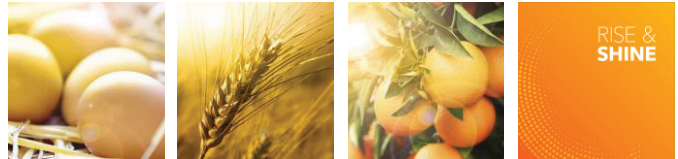
Phone: (516) 931-5550

Fax: (516) 931-5735

Hours: 9am-5pm EST M-F

Breakfast Art

Orange



3 Breakfast Art Tiles w/ 1 Orange Art Tile

Blue



3 Breakfast Art Tiles w/ 1 Blue Art Tile

Not Ordering

Fitness Art

Orange



3 Fitness Art Tiles w/ 1 Orange Art Tile

Blue



3 Fitness Art Tiles w/ 1 Blue Art Tile

Not Ordering

Pricing Option 1

Breakfast or Fitness Art (4 items)

\$ 500.00

plus tax

Pricing Option 2

Breakfast and Fitness Art (8 items)

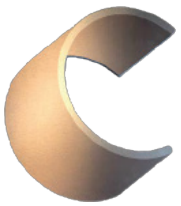
\$1000.00

plus tax

Shipping cost included to Continental US 48 States

Welcome Wall

☐ “Floating C”



Select this option if you have ...

- Painted wall with Four Candle Boxes
- Stone wall with Four Candle Boxes

TO INSTALL:

1. Remove artwork, existing logo and lettering.
2. Repair the wall as needed.
3. Install the Floating C.

No Light

\$ 515.00

plus tax

With LED Light

\$ 675.00

plus tax

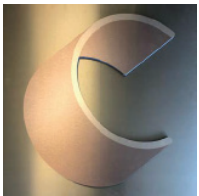
BEFORE

AFTER



Shipping cost included to Continental US 48 States

☐ “Plaque C”



Select this option if you have ...

- Small Panel
- Large Panel
- Artwork on Painted / Stone Wall
- Plain Painted / Stone Wall

TO INSTALL:

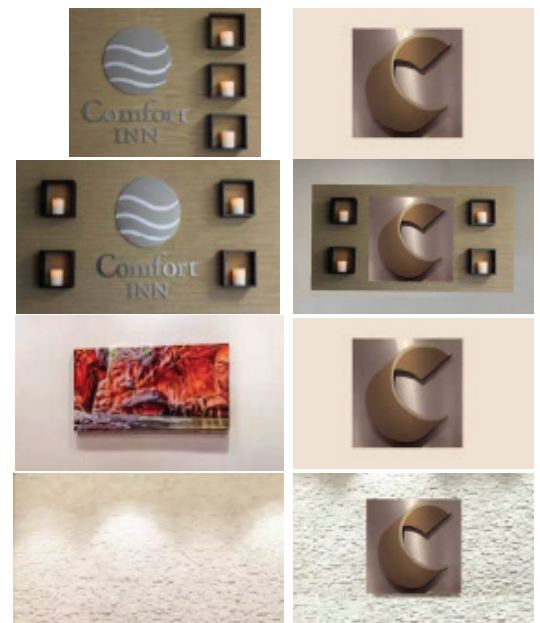
1. Remove artwork, entire small panel, or existing logo and lettering. (Do not remove large panel.)
2. Repair the wall as needed.
3. Install the Plaque C onto the wall or mount onto large panel.

\$ 1000.00

plus tax

BEFORE

AFTER



Shipping cost included to Continental US 48 States



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AUTHORIZATION TO CHARGE CREDIT CARD

Please complete the information requested below and return this form with your order(s). For credit card transactions we **REQUIRE** your authorization to be on file before we can process your order(s).

I, _____ hereby confirm that I am the authorized cardholder of the following card number. I hereby authorize Artline Wholesalers, Inc. to charge the following credit card(s) as directed by me for merchandise purchased from Artline Wholesalers, Inc.

Purchase order# _____ Order Total: _____

We only accept the following card type:

Master Card: _____ Exp. Date: _____

Visa: _____ Exp. Date: _____

Cardholder's Name: _____

Company Name: _____

Billing Address: _____

City, State, Zip: _____

Phone# (____) _____

I authorize 100% amount stated above to be charged to my credit card

Authorized Signature: _____

Print Name: _____

Date: _____

SHIPPING INFORMATION

Property Name: _____

Property Code: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Attn: _____ **Phone:** _____