**THE WORKS ART STUDIO**

Custom Piece Order Form

1. **Date: / /20\_\_ Date needed by: / /20\_\_**
2. **Form (circle one):** Painting Drawing Collage Design Other:\_\_\_\_\_\_\_\_\_
3. **Name:**

**Street:**

**City/State:**

**Zip:**

1. **Phone Number: ( ) -**

**Best Time to be Reached (circle one from each subcategory):**

**4a.** Weekdays Weekends

**4b.** Between 10am and 4pm Between 4pm and 10pm

1. **Is there a previous piece that inspired the custom work you want?**

**If yes…**

**5a. What is the title?**

**5b. What would like changed from the original?**

 **5c. Additional Comments/Requests:**

**If no…**

1. **Please provide a detailed description of what you were looking for.**

**6a. Colors:**

**6b. Shapes/forms:**

**6c. Size/Medium:**

**6d. Additional Comments/Requests:**