

Robert Burrige

Commission Criteria form

Your painting will be an original hand painted work of art. Please know that your painting will be a one-of-a-kind and therefore can not be an exact photocopy of my previous painting; however every artistic effort will be made to assure your painting commission will be a successful work of art.

1) Do you have a preconceived image of how your painting should look?

Please give descriptions and examples. _____

2) Describe the initial impact you want your painting to have. _____

Overall dominate colors:_____

Secondary and accent colors:_____

(Please include exact color swatches or paint chips if you need an exact match.)

3) Painting theme or subject matter:_____

4) Image size: H_____ W_____ (check one) Vertical___ Horizontal___

5) Surface (check one) ___300# Watercolor Paper

___Stretched Canvas (check one)

depth 1"___ 1-1/2"___ 2"___ 2-1/2"___

___Unstretched Canvas (rolled up)

note: this will automatically have a 2" border

6) Varnish Finish: (check one) Matte___ Semi Gloss___ High Gloss___

(We welcome any additional comments you may have)

We will need to reach you!

Name:_____

Address:_____

City/State/zip code:_____

Phone: (day)_____ (eve)_____

Email address:_____

Bob will schedule studio time for your painting only after receipt of this questionnaire and your 50% deposit payment. An estimated date of completion will be confirmed at that time. Please feel free to contact us with questions or comments. 805/459-1503, rburridge@robertburridge.com

Check # _____

CC# _____ ***

Expiration Date _____ Security Code: _____

Billing Address for your credit card

Signature: _____

*Fax form to 805/481-9122
or mail to
Robert Burrige Studio
1451 Paseo Ladera Lane
Arroyo Grande, CA 93420*

*** We accept VISA, Mastercard, American Express, Discover, Checks and Paypal payments. Use rburridge@robertburridge.com for your Paypal payment.*

THANK YOU!

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