

# TIMELESS

## CHESTERFIELDS

**Christina Topaloglou. christina@v-f.us**

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***Credit Card Information:***

Designer's Business Name: \_\_\_\_\_

Name as it appears on card (please print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

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

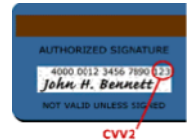
Date: \_\_\_\_\_

MasterCard  Visa  Discover  Amer. Express

Credit Card #:

Exp. Date (mo/yr):  /

CVV2/CV2 Code (required):   
(3-Digits)



AMOUNT: \$ \_\_\_\_\_.

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Invoice # \_\_\_\_\_

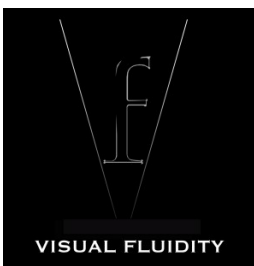
Invoice Amount \$ \_\_\_\_\_

**Email Form To:**

**Visual Fluidity:** christina@v-f.us  
**Name** **Email**

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**212-633-7599**



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