



PHOTOGRAPH ORDER

NAME _____
(Please Print)

ADDRESS _____

_____ City _____ State _____ Zip

DO NOT WRITE IN THIS SPACE

Date Issued _____

Order # _____

Date Rec'd _____

Complete _____

PHONE NUMBER _____

____ Pick-up ____ Mail

PURPOSE:
Personal
Publication

RG/Series #	Collection Name	Photo No.	Description	Glossy or Matte*	Size	Amount

Processing Fee Per Order \$ _____

Total Cost \$ _____

Payment: () Charge () Cash () Check # _____ Total Paid: \$ _____

***All Photographs are black and white glossy prints (unless otherwise specified).
 Payment must accompany order.**

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