Photographic Services Order Form

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<thead>
<tr>
<th>Quantity</th>
<th>Format (Photocopy or Digital)</th>
<th>Finish (B/W or Color)</th>
<th>Size/Resolution</th>
<th>Description/Photo #</th>
<th>Use Fee</th>
<th>Unit Price</th>
<th>Total</th>
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Subtotal
Tax 7.75%
Handling/Postage
Miscellaneous
Balance Due

Payment Method

Check______Cash_________ FOR CREDIT CARD PURCHASE, PLEASE CALL RESEARCH CENTER TO ORDER

Mastercard____ Visa____ American Express______________________________

Cardholder Name_________________________________________________ Phone Number_________________________ Zip Code________________

Credit card number___________________________ Security Code_______ Expiration Date________________________

Method of Delivery

Pickup at Research Center_________Mail_________________________

CUSTOMER MUST SIGN THE AGREEMENT ON PAGE 2 BELOW.
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I have read the Image Reproduction Policy and Copyright Restrictions and agree to the conditions described therein.

Signature_________________________________________________________ Date________________________