

Account #: \_\_\_\_\_ Date \_\_\_\_\_

Ship to Company Name \_\_\_\_\_

Ship to Address \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person \_\_\_\_\_

**Billing Address:**

Name on Credit Card \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Studio Order Number \_\_\_\_\_

<b>Method of Payment</b>	<input type="checkbox"/> MC/ Visa/Discover/AMEX _____ exp. date ____/____/____ Sec Code (on back of card) _____		
<b>Size</b>	Print Size _____	Qty. Photos (Total Sides) _____	
<b>Start Page</b>	<input type="checkbox"/> Right Side (Single Print)	<input type="checkbox"/> Left side (Full Pano)	
<b>Cover Color</b>	<input type="checkbox"/> Quartz <input type="checkbox"/> Steel Blue <input type="checkbox"/> Pink <input type="checkbox"/> Light Blue <input type="checkbox"/> Black Genuine Leather <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Brown <input type="checkbox"/> White <input type="checkbox"/> Brown Genuine Leather		
<b>Cover Design</b>	<input type="checkbox"/> Plain <b>Standard Window</b> <input type="checkbox"/> 3 x 3 on 10x10 <input type="checkbox"/> 4 x 4 on 12x12 & 11x14	<b>Large Window (Black Only)</b> <input type="checkbox"/> 3x3 on 5x5 <input type="checkbox"/> 10x10 on 12x12 <input type="checkbox"/> 6x6 on 8x8 <input type="checkbox"/> 8 x 8 on 10x10 Acrylic in window? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Full Acrylic (Black Only)</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Pop <input type="checkbox"/> Magnetic <input type="checkbox"/> Verticle Strip
<b>Imprinting Color</b>	<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Blind Embossed <input type="checkbox"/> Black		
<b>Gilding</b>	<input type="checkbox"/> None <input type="checkbox"/> Artistic Gold <input type="checkbox"/> Bright Gold <input type="checkbox"/> Artistic Silver <input type="checkbox"/> Bright Silver <input type="checkbox"/> Black		
<b>Cover Title</b>	<input type="checkbox"/> Custom - See Below <input type="checkbox"/> Plain <input type="checkbox"/> Our Wedding <input type="checkbox"/> Our Love Story <input type="checkbox"/> Our Children's Wedding <input type="checkbox"/> Our Daughter's Wedding <input type="checkbox"/> Our Son's Wedding <input type="checkbox"/> Our Family	<input type="checkbox"/> Wedding Memories <input type="checkbox"/> My Children's Wedding <input type="checkbox"/> My Daughter's Wedding <input type="checkbox"/> My Son's Wedding <input type="checkbox"/> My Bat Mitzvah <input type="checkbox"/> My Bar Mitzvah <input type="checkbox"/> Nuestra Boda <input type="checkbox"/> For Your Eyes Only	<input type="checkbox"/> Memories <input type="checkbox"/> Our Baby <input type="checkbox"/> Our 50th Wedding Anniversary <input type="checkbox"/> Our 25th Wedding Anniversary <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>Monogram</b>          Left <input type="checkbox"/> Surname <input type="checkbox"/> Right <input type="checkbox"/>          Elegance Only       </div>
<b>Custom Imprinting</b>	<b>Please PRINT CLEARLY to insure proper imprinting!</b>		
	<input type="checkbox"/> Center <input type="checkbox"/> Bottom Right		
	<input type="checkbox"/> Center <input type="checkbox"/> Bottom Right		
<b>Print Coating</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Print Texture</b>	<input type="checkbox"/> No <input type="checkbox"/> Pebble <input type="checkbox"/> Irish Linen <input type="checkbox"/> Canvas		
<b>Studio Imprint</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Die on File <input type="checkbox"/> Type-Set <small>Specify how you want it to read:</small>		
<b>Sample</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		

**Must send contact sheet we are not responsible for photo sequence!!**