



Midwest Photographic Resource Center

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Account #:	_____		Date	_____	
Studio Name	_____				
Address	_____				
City	_____	State	_____	Zip Code	_____
Phone Number:	_____		Fax Number:	_____	
Contact Person	_____				

Ship to Studio Name	_____		
Ship to or Credit Card Billing Address:	_____		
Ship to City:	_____	Ship to State	_____
Ship to Zip Code	_____		
Email Address	_____		
Studio Order Number	_____		

Method of Payment	<input type="checkbox"/> C.O.D. - UPS/Airborne	<input type="checkbox"/> Check Enclosed, Check # _____	Amount \$ _____
	<input type="checkbox"/> MC/ Visa/Discover	_____	exp. date ____/____ Sec Code (on back of card) _____

<p>Black only</p> <p>Quantity</p>
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Cover Size	<input type="checkbox"/> 12x12	<input type="checkbox"/> 11x14	<input type="checkbox"/> 10x10	<input type="checkbox"/> 8x10	<input type="checkbox"/> 8x8	<input type="checkbox"/> 5x5	Sample <input type="checkbox"/> Yes <input type="checkbox"/> No
Spine Size	8/16	12/24	16/32	20/40	(Circle One)		

Title on Cover and Monogram	<input type="checkbox"/> Custom - See Below	<input type="checkbox"/> Wedding Memories	<input type="checkbox"/> Memories
	<input type="checkbox"/> Plain	<input type="checkbox"/> My Children's Wedding	<input type="checkbox"/> Our Baby
	<input type="checkbox"/> Our Wedding	<input type="checkbox"/> My Daughter's Wedding	<input type="checkbox"/> Our 50th Wedding Anniversary
	<input type="checkbox"/> Our Love Story	<input type="checkbox"/> My Son's Wedding	<input type="checkbox"/> Our 25th Wedding Anniversary
	<input type="checkbox"/> Our Children's Wedding	<input type="checkbox"/> My Bat Mitzvah	
	<input type="checkbox"/> Our Daughter's Wedding	<input type="checkbox"/> My Bar Mitzvah	
	<input type="checkbox"/> Our Son's Wedding	<input type="checkbox"/> Nuestra Boda	
	<input type="checkbox"/> Our Family	<input type="checkbox"/> For Your Eyes Only	

Monogram

Left <input style="width: 40px; height: 20px;" type="text"/>	Surname <input style="width: 60px; height: 20px;" type="text"/>	Right <input style="width: 40px; height: 20px;" type="text"/>
Elegance Only		

Custom Title	*Center of Cover	Line 1	_____
		Line 2	_____

Cover Design	<input type="checkbox"/> Plain	<input type="checkbox"/> Acrylic
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Imprinting Color	<input type="checkbox"/> Gold	<input type="checkbox"/> Silver	<input type="checkbox"/> Black	<input type="checkbox"/> Blind Embossed
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Please PRINT CLEARLY to insure proper imprinting!			
Lower Right Imprinting (LRC)	Line 1	_____	Studio Imprint <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Die on File <input type="checkbox"/> Type-Set
	Line 2	_____	

For assembly only:
Print coating: <input type="checkbox"/> Yes <input type="checkbox"/> No
Texture: <input type="checkbox"/> Irish Linen <input type="checkbox"/> Canvas <input type="checkbox"/> Pebble <input type="checkbox"/> No