

DIGITAL REPRODUCTION ORDER FORM

Ship to: Name _____ Phone: _____
 Company: _____
 Address: _____
 City: _____ ST: _____ Zip: _____

Shipping Method: Pick-up U.S. Mail UPS Account # _____
 Shipping account billing name: _____

Payment: Cash Check # _____ PO# _____ Tax Exempt # _____
 Charge Card (VISA/MC) Card # _____ Exp. Date _____

Type of use: Personal Non-profit Commercial
 Permission Form has been completed and submitted

File Delivery: CD E-mail: _____

Photo #	Title	Print Size	Scan	Price

Note: If more space is needed, use a second order form.

Mail Order Form and make checks payable to:
Chapman Historical Museum
 348 Glen Street
 Glens Falls, NY 12801
 FAX: (518) 793-2831

Order Sub Total _____
Member discount-Subtract 10% _____
Total before tax _____
Sales Tax (NY residents) 7 % _____
Shipping & Handling _____
Use fee _____
TOTAL _____

Paid

Job#	ORDER DATE	DUE DATE	SHIP DATE	STAFF INITIALS