



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 _____

Method of Payment	<input type="checkbox"/> MC/ Visa/Discover/AMEX _____ exp. date ____/____/____ Sec Code (on back of card) _____		
Size	Print Size _____	Qty. Photos (Total Sides) _____	
Start Page	<input type="checkbox"/> Right Side (Single Print)	<input type="checkbox"/> Left side (Full Pano)	
Cover Color	<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		
Cover Design	<input type="checkbox"/> Plain	Standard Window <input type="checkbox"/> 3 x 3 on 10x10 <input type="checkbox"/> 4 x 4 on 12x12 & 11x14	Large Window (Black Only) <input type="checkbox"/> 3x3 on 5x5 <input type="checkbox"/> 10x10 on 12x12 <input type="checkbox"/> 6x6 on 8x8 Acrylic in window? <input type="checkbox"/> 8 x 8 on 10x10 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full Acrylic (Black Only) <input type="checkbox"/> Permanent <input type="checkbox"/> Pop <input type="checkbox"/> Magnetic <input type="checkbox"/> Verticle Strip		
Imprinting Color	<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Blind Embossed		
Gilding	<input type="checkbox"/> None <input type="checkbox"/> Artistic Gold <input type="checkbox"/> Bright Gold <input type="checkbox"/> Artistic Silver <input type="checkbox"/> Brushed Silver		
Cover Title	<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		
	<div style="border: 1px solid black; padding: 5px;"> Monogram Left <input type="checkbox"/> Surname <input type="checkbox"/> Right <input type="checkbox"/> Elegance Only </div>		
Custom Imprinting	Please PRINT CLEARLY to insure proper imprinting!		
	<input type="checkbox"/> Center <input type="checkbox"/> Bottom Right		
	<input type="checkbox"/> Center <input type="checkbox"/> Bottom Right		
Print Coating	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Print Texture	<input type="checkbox"/> No <input type="checkbox"/> Pebble <input type="checkbox"/> Irish Linen <input type="checkbox"/> Canvas		
Studio Imprint	<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>		
Sample	<input type="checkbox"/> No <input type="checkbox"/> Yes		

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