THE LOOK
Photography Services

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REPRINTS AND ENLARGEMENTS ORDER FORM

(2009 Prices)

Name:_____ Phone:_____

Address:_____ Email:_____Order Date:_____

Event Name:_____

Enter the negative number in the far left column and the quantity you want of that pose under the size you are ordering

Neg #	Wallets	4x6	5x7	8x10	8x10 Composite	11x14	11x14 Composite	16x20	16x20 Composite	Total
	8 for $12	$5.00	$9.00	$14.00	$24.00	$44.00	$54.00	$79.00	$89.00	$$

Ala Carte Total ⇨ $

Special Services/Products/Notes

Pose 1⇨ _____ _____

Pose 2⇨ _____ _____

Product _____ _____

Product _____ _____

PayPal

PayPal account (email) _____
Credit Card Type_____
Credit Card #_____
exp._____ security code_____
Name on card_____
Billing address_____
_____

Specialty Total ⇨ $

Total Order Amount: $_____

5.1% tax: $_____

Final Amount: $_____

TOTAL DUE: $_____

o ***Must Pay in Full at time of order***