Image Reproduction Order Form

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Signature of Requestor: ___________________________________________ Date: ________________
Customer Order

<table>
<thead>
<tr>
<th>Photo / Image number</th>
<th>Scan Resolution or Size of Print <em>(Scans will be placed on CD unless otherwise requested)</em></th>
<th>Item Cost</th>
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*Note: Please use the Additional Photo Page for orders of more than six images*

**Deadline Date:** ________________ *(Orders are generally ready in 10-15 working days.) Rush fees apply for orders needed five working days or less.*

**Prices for services**

- **Scan** .............................................................................................................................................................................................. $6
- **Large Format Scan** *(larger than 11 X 17)* .............................................................................................................. $12
- **Digital Prints**
  - 4 x 5............................................................................................................................................................................. $8
  - 5 x 7........................................................................................................................................................................... $10
  - 8 x 10 ........................................................................................................................................................................ $12
  - 11 x 14...................................................................................................................................................................... $18
  - 16 x 20...................................................................................................................................................................... $25
- **Oversized prints available** ....................................................................................... Cost dependent on size
- **Sepia tone** *(per print)* ......................................................................................................................................................... $6

Rush fee *(needed in less than 5 working days)* ................................................................. 50% of order total
Super rush *(needed in less than 48 hours)* ............................................................................... 100% of order total

**Total Due**

Duplication Costs: _______________________________________

Use fees *(See Permission to Use Form)*: _______________________________________

Rush or super rush fee: _______________________________________
*(If deadline is less than 5 working days)*

**Total Cost:** _______________________________________

Paid on *(date)*: ________________ Method ____________

**Delivery Instructions**

- Mail to mailing address on reverse side of this form
- E-mail to address on reverse side of this form *(Note: this option may not be available for large orders)*
- I will pick up at Archives & Special Collections

**Billing Instructions** - Any total under $10.00 requires payment by cash or check.

- Bill to mailing address on reverse side of this form
- Bill to UM campus office - Index code ____________
- Charge to credit card - Visa/MasterCard #______________________________ exp. _____