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## Order Form for Copy Prints

**Send to:**

Name:

Firm/Agency:

Address:

City:

Email:

Telephone #:

State:

Zip:

Order No.

*Please complete both sides of form, sign reverse, and return form with payment to the above address.*

Order Taken By:

Date:

**Reproductions Requested**

**Type of Copy Prints**

Catalog Number	Caption or Description	MHS Use	Surface		\$15.00 5 x 7	\$20.00 8 x 10	\$30.00 11 x 14	\$75.00 16 x 20	Price
			Glossy	Matte					

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**For MHS Use Only**

**Rush Order Fee:**.....

**Total Print Fee:**.....

**Shipping and Handling**

U.S.....\$4.00  
International....\$10.00

**Date Mailed:**                      **Date Print Fee Received:**

**Invoice #:**

**Commercial Use Fee**

(See rate sheet).....

**Date Commercial Use Fee Received:**

**Invoice #:**

**Grand Total:**.....

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