

# Digital Reproduction Order Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

DIGITAL REPRODUCTION	
<b>Digital File on CD:</b>	\$18.00 per image

**Digital Files** are uncompressed 8-bit grayscale .tiff, scanned at 600 ppi, and delivered on CD-ROM.

**Delivery Options:**    Pick-up (no charge)    Mail (USPS): \$5.00    Fed Ex Acct.#: \_\_\_\_\_

**PLEASE ALLOW FOR A TURNAROUND TIME OF 6-8 WEEKS.**

	Photo Number (see back of Photo)	Photo Location: File Name / Photograph or Manuscript Collection (include Box and Folder Number)		Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Credit Card #: _____
Exp. Date: _____ V-code*: _____
Name on Card: _____
Billing Zip code: _____
Signature: _____
* 3 or 4 digit verification number located on the back of your card.

<b>Subtotal:</b>	
<b>Use Fees:</b>	
<b>Postage:</b>	
<b>TOTAL:</b>	

**Payment Method:**    Cash    Check    Visa    MasterCard    AmEx    Money Order

STAFF USE ONLY: Receipt#: \_\_\_\_\_ Staff Initial: \_\_\_\_\_ PTU \_\_\_\_\_ Invoiced \_\_\_\_\_ Completed \_\_\_\_\_

## Digital Reproduction Policies

Library and Archives  
949 East Second Street  
Tucson, Arizona 85719

Phone: 520-617-1157  
Fax: 520-629-8966  
Email: ahsref@azhs.gov

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**Proposed Use:**  Media  Publish  Exhibit  Personal  Other (specify): \_\_\_\_\_

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Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU!**

For additional information or questions regarding this form, please contact the Library and Archives Department via email: ahsref@azhs.gov or phone: 520-617-1157.