



1 Fill in the following information. Please print neatly.

SCHOOL NAME:

STUDENT'S FIRST NAME:

STUDENT'S LAST NAME:

TEACHER'S LAST NAME:

GRADE ROOM # HOME PHONE #

2 Please fill in the circle for a package type. See Digital Retouching details to the right.

PREMIER
 CLASSIC
 DELUXE
 STANDARD

3 Please fill in the circle for the picture package you wish to purchase.

1
 2
 3
 4
 5
 6
 7
 8
 9

4 Please fill in the circle to choose your Add-Ons or Precious Keepsakes packages (optional).

15
 16
 17
 18
 19
 20
 31
 32
 33
 34
 35
 36
 37
 38
 39

5 Please fill in the circle for your background color.

AMBER
 BLUE
 CRANBERRY
 GREEN
 PURPLE
 ROSE
 TRADITIONAL

6 Personalization: Name as it is to appear if personalized. (Please note, this is case sensitive)

7 Yes, I have paid for personalization.

Please fill in the circle if you are to receive a bonus package.

8 PAYMENT

AMOUNT ENCLOSED \$.

State of Ohio sales tax included in prices.

I am paying by:

CASH - Please place payment in envelope.
 CHECK - Please provide signature below and place payment in envelope. Student's name and school must appear on check.
 CREDIT CARD - Please fill out credit card slip at right and place in envelope.



I AUTHORIZE RETURNED CHECK AND SERVICE FEE TO BE ELECTRONICALLY DEBITED OR PAPER DRAFTED FROM MY ACCOUNT.

(please include signature if paying by check)

FOR OFFICE USE ONLY

1 2 3 4 5 6 7 0 6 0 7 - 1 2 3 4

Order Form

