

DIGITAL REPRODUCTION ORDER FORM

Name: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Shipping Method: Pick-up U.S. Mail UPS Account # _____

Shipping account billing name: _____

Payment: Cash Check # _____ PO# _____ Tax Exempt # _____

Charge Card (VISA/MC) Card # _____ Exp. Date _____

Type of use: Personal Non-profit Commercial

Permission Form has been completed and submitted

File Delivery: CD-ROM E-mail: _____

Photo	Title	Print Size	Scan	Price

Note: If more space is needed, use a second order form.

Mail Order Form and make checks payable to:

**Franklin County Historical and Museum
Society
PO Box 388
51 Milwaukee Street
Malone, NY 12953-0388
518-483-2750**

Subtotal _____
Member discount-Subtract 10% _____
Total before tax _____
Sales Tax 8 % _____
(NY residents)
Shipping & Handling _____
Use fee _____
TOTAL _____

Job#	ORDER DATE	DUE DATE	SHIP DATE	STAFF INITIALS	PAID <input type="checkbox"/>
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