

ORDER FORM

Purchaser's information:

Name: _____
Street address: _____
City/State/Zip: _____
Phone #: _____
Email address: _____

Ship to:

Same as above (check): or, if other:

Name: _____
Street address: _____
City/State/Zip: _____

Order for prints (the following information should correspond to the quote supplied by Ken Schory):

Image #	Title	Image size	Price

Order for rights to use digital files:

Image #	Title	Price

Price for disk containing digital files of images for which rights have been purchased:

Shipping/handling:

Tax (if applicable):

Total amount due:

Please print this form and send it with a check made out to "Ken Schory" for the total amount due to: Ken Schory
44 Royal Birkdale
Springboro, OH 45066