

MLHHM & CCHS PHOTOGRAPH REQUEST FORM

CONTACT INFORMATION

Company Name: _____

Customer Name: _____

Phone Number: _____ Email address: _____

Address: _____ City: _____ State: ___ Zip: _____

PHOTO REQUEST

Accession Number: _____ Number of Copies: _____ DPI: _____

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**If additional photographs are desired, use back of form, or attach another document with photo info.*

PRICING & AGREEMENT

User Fee: \$10.00 per photograph.

TOTAL: _____ PAID: cash check MLHHM REPRESENTATIVE: _____

DELIVERY METHOD: mail email pick-up delivery CD-ROM: yes no

I, _____ agree that I have the right to display this copyrighted work upon payment of the above amount. I recognize that I may not make further copies by any means, mechanical or electronic without written permission of the Cleveland County Historical Society or Moore-Lindsay Historical House Museum.

Customer Signature: _____ Date: _____

CCHS/MLHHM Representative Signature: _____