

FZR Photography

Photograph Purchase Order

Please provide the following contact information:

First Name: _____
Last Name: _____
Street Address: _____
Address (Cont.): _____
City: _____
State: _____
Zip Code: _____
Home Phone: _____
E-Mail: _____

Shipping address if different than above:

Street Address: _____
Address (Cont.): _____
City: _____
State: _____
Zip Code: _____

Photo Prints: (5x7 \$25ea · 8x10 \$55ea · 8.5x11 \$65ea · 8x12 \$70ea · 11x17 \$135ea · 13x19 \$195ea)

Digital Image Files: (4200px x 2800px "TIFF" \$295ea)

<u>Qty</u>	<u>Photo Name/Number</u>	<u>Size</u>	<u>Amount</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Sub Total: _____

Tax 7.8%: _____ (If you live in Washington)

Total: _____

Make Check or Money Order payable to: *FZR Photography -or- Shawn Smoak*

Send to:

Shawn Smoak
2036 State Route 505
Toledo, WA. 98591