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Image Description – Attach Continuation Sheet if necessary for more than three photographs (available upon request).

1.	Title or Caption:	Accession Number (if applicable)
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Research & Use Fees – Use fees applicable per photograph or image.

Item	Price/Unit	Quantity	Subtotals
Type of Use / Use Fee			Type of Use / Use Fee PER PHOTO <input type="checkbox"/> Personal Use - \$50.00 <input type="checkbox"/> Publication (books, periodicals, etc.) - \$100.00 <input type="checkbox"/> Display, exhibit - \$100.00 <input type="checkbox"/> Motion picture, TV, video - \$100.00 <input type="checkbox"/> Other _____ (Fee upon review)
Research + Archivist Fee	\$50.00/hr		
SUBTOTAL			

Description of Use – please check all formats that apply.

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| <input type="checkbox"/> Report / Dissertation | <input type="checkbox"/> DVD | <input type="checkbox"/> Subscription Database |
| <input type="checkbox"/> Book | <input type="checkbox"/> CD-ROM | <input type="checkbox"/> Documentary Non-Broadcast |
| <input type="checkbox"/> Brochure / Flyer | <input type="checkbox"/> Performance | <input type="checkbox"/> TV Broadcast |
| <input type="checkbox"/> Scholarly Journal | <input type="checkbox"/> Exhibition/Display | <input type="checkbox"/> 1 Year Press Kit |
| <input type="checkbox"/> Magazine / Newspaper | <input type="checkbox"/> Merchandise | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Logo | <input type="checkbox"/> Internet | <input type="checkbox"/> Other: _____ |



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Reproduction Specifications – Please check the box(es) for the item you are requesting.

Item	Price/Unit	Quantity	Subtotals	
<input type="checkbox"/> Digital Scan to CD	\$20.00/hr			<u>Digital Scan Specifications</u> TIFF resolution (DPI): <input type="checkbox"/> 72 <input type="checkbox"/> 300 <input type="checkbox"/> 600 <input type="checkbox"/> Other _____ Scan Dimensions: _____ x _____ in.
Type of Use / Use Fees [Subtotal from Page 1]				
Shipping/Handling				<u>Processing Level</u> <input type="checkbox"/> Regular/Standard (1-2 weeks) <input type="checkbox"/> Rush (3 days) <u>Delivery Method</u> <input type="checkbox"/> Call for Pickup <input type="checkbox"/> Email for Pickup <input type="checkbox"/> Upload <input type="checkbox"/> USPS Priority Mail <input type="checkbox"/> USPS 1 st Class <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> DHL (via 3-Day Express only) Account Number: _____
TOTAL				

Payment Information – Payment is required before order can be processed.

<input type="checkbox"/> CASH (copy of this form may be used as receipt of payment)	<input type="checkbox"/> CHECK (please attach copy to this form)	
<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	Card Number + (CVV code): Exp. Date:	Name on card + Billing Address (if different from above):

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NJAHHS Collections Manager or Officer	Date Received