LIBRARY & ARCHIVES
ARIZONA HISTORICAL SOCIETY

Reproduction Order Form

Conditions of Use **form MUST be signed and submitted before order can be completed.**

Name_____ **Date**_____

Company/Institution (if applicable)_____

Address_____ **Phone**_____

City, State_____ **Zip**_____

Email_____

Delivery Options:

☐ **CD: $5** ☐ **Mail (within United States): $7** ☐ **Pick up (in person): Free**

Call Number, Photo Number, Title, Description	Unit Price:	Fee Total:
	Subtotal	
	Delivery	
	Total	

Payment Method: ☐ Check ☐ Cash ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number:_____ Exp. Date _____

Name (on card):_____ V-code _____

Billing address _____

_____

Staff Use Only

Receipt#_____

Date Completed_____

Staff Initial _____