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_____

Format Options: ☐ **Photocopy** ☐ **PDF Scan** ☐ **JPEG Scan**

Delivery Options:

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

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

Payment Method: ☐ Cash ☐ Check ☐ Corporate Acct.

☐ Credit Card: **Please Call (480) 387-5356 or (520) 617 - 1167**

with credit card information. Do not email. Thank you.

Staff Use Only

Receipt#_____

Date Completed_____

Staff Initial _____