MAIL-IN ORDER FORM

Return Address: ABC Pictures, 2838 N. Ingram Ave., Springfield, MO 65803
Toll-Free 1-888-526-5336 Fax 417-869-9185 www.abcpictures.com

check one								
BLACK & WHITE	COLOR	PRINTED 1 SIDE	PRINTED 2 SIDES	QUANTITY	LAYOUTS	FINAL SIZE	COST	
							$	
							$	
							$	
							$	
							$	
							$	
						Other	$	
						Subtotal	$	
						7.6% Sales Tax (Shipments to Missouri only)	$	
						Shipping (Call for pricing)	$	
						TOTAL COST	$	

Unless otherwise requested, all of our prints have a UV coating at no additional charge to you. UV Coating is a liquid plastic and helps to protect your prints and adds a super shine to your prints. It can, however, make it difficult to write on with some pens and markers. If you are autographing your prints or prefer less gloss consider requesting "No UV Finish".

☐ Check here if you wish **NO UV FINISH**

ENCLOSE PAYMENT WITH ORDER
NO CASH OR COD

Do not send copyrighted materials for reproduction without written release from the copyright holder!!

IF NEEDED, MAY WE CROP YOUR IMAGE? YES ☐ NO ☐

☐ **Check here if no text or artwork is to be added to your image.**

☐ **Check here if text or artwork on original is to be reproduced as is.**

PRINT CLEARLY ALL TEXT, ARTWORK OR LOGOS TO APPEAR BELOW PICTURES.	**FONT**

FOR COMPOSITES: PRINT CLEARLY THE STATISTICS THAT WILL BE ON THE COMP CARD.					
HEIGHT:	WEIGHT:	EYES:	HAIR:	SHOE:	
DRESS SIZE:	SUIT SIZE:	BUST:	WAIST:	HIPS:	
DOB:		OTHER INFO:			

If you would like us to choose a font for you, just leave this spot blank.

Where did you hear about ABC Pictures? _____

SHIPPING ADDRESS

(Use street address)

Name _____

Company _____

Street _____

Apt./Ste.# _____

City _____ State _____ Zip _____

Is This a Residence? (Circle One) yes / no (Required)

Phone# (____) _____

E-mail (For Proof) _____

☐ Check here if **"Drop-Shipment"** is to be made to your customer without ABC shipping labels and other ABC information. *(You may enclose your own label.)*

METHOD OF PAYMENT

Check ❑ Credit Card ❑ Money Order ❑

Credit Card# _____

Exp. Date ___ ___ / ___ ___ 3- or 4-digit code ___ ___ ___ ___

Print Name Legibly As It Appears On Credit Card

_____

PRINT CREDIT CARD BILLING ADDRESS

Street/P.O. Box _____

City _____ State _____ Zip _____

Phone# _____

Signature _____

(REQUIRED FOR CREDIT CARD ORDERS)