

Job Number \_\_\_\_\_

**Library of Congress  
PHOTODUPLICATION SERVICE  
ORDER FOR PHOTOGRAPHIC PRINTS**

Instructions: Read "Conditions of Order and Use" on reverse of this form, and sign acknowledgement statement below. Please print or type information. Make check or money order payable to Library of Congress, Photoduplication Service. Credit card payment by Master Card or Visa is accepted. Return ~~white and yellow~~ copies of this form to Library of Congress, Photoduplication Service, Washington, DC 20540-4570. Retain pink copy. For more information call the Photoduplication Service, Public Service Section on (202) 707-5640.

Date of Request	Customer's Order No.	Deposit Account No. PS-	Customer's Phone No. (      )
Customer's Name	Office	Reference	Laboratory
Address	For Office Use Only		
City, State, Zip Code			
Attn:			
Delivery Mode: <input type="checkbox"/> Customer Pick Up <input type="checkbox"/> Mail <input type="checkbox"/> Federal Express <input type="checkbox"/> Other:			
Delivery Service Customer Account No.	Delivery Address Phone No. (      )		
If Credit Card Payment: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa    Expiration Date: _____		I hereby note and accept the "Conditions of Order and Use" stated on verso of pink copy. If applicable, credit card information is correct and payment will be made.	
Credit Card Acct. No.:		Signature: _____	
Type of Photographic Prints: <input type="checkbox"/> Custom <input type="checkbox"/> Exhibition <input type="checkbox"/> Other:			

Item Identification	Print Size	Quantity		Unit Price	Amount
		Glossy	Matte		
	" x "			\$	\$
	" x "				
	" x "				
	" x "				
	" x "				
	" x "				
	" x "				

Special Instructions	Surcharge for Special Services:	
	Packaging and Mailing	
	Amount Paid (deduct) (      )	
Delivered To:	Final Cost	
Date:		

682 (1998/03) For prompt, accurate shipment fill in the following mailing label . Please print or type.

The Library of Congress  
Photoduplication Service  
Washington, DC 20540-4570  
OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE \$300

Name \_\_\_\_\_

Order No./Attn. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_