

**\* CREDIT CARD MUST ACCOMPANY ORDER \***

# Orlando Photography

600 Lincoln Ave #93363, Pasadena CA 91109

www.joeorlandophoto.com | email: mail@joeorlandophoto.com

**cell: (818) 515-2206**

YOUR P.O. NUMBER

QUANTITY	SERVICES	EACH	TOTAL
_____	<b>ORIGINAL VIEWS</b> <input type="checkbox"/> Includes Photography, Time, Equipment	@ \$95.00 \$ per view	_____
	No People <input type="checkbox"/> Posed Staff <input type="checkbox"/> Crowd During Show <input type="checkbox"/>		
	<b>Additional Photo Services After Original Ordered</b>		
_____	<b>HI RES DIGITAL IMAGE FROM ORIGINAL VIEW</b> <input type="checkbox"/> Includes large file JPEG rights & ownership	per view @ \$50.00 \$	_____
_____	<b>LOW RES DIGITAL IMAGE ORIGINAL VIEW</b> <input type="checkbox"/> Includes resized JPEG, perfect for powerpoint, emails, website	per view @ \$35.00 \$	_____
		\$	_____
		\$	_____
		<b>SUB TOTAL: \$</b>	_____
<b>Client Notes</b>	<input type="checkbox"/> Clients based in <u>California</u> add CA tax <input type="checkbox"/> Clients in other states no tax	<b>TAX: \$</b>	_____
	All Orders add \$15.00 Handling: (Dropbox, WeTransfer, USB Drive)	<b>\$</b>	<b>15.00</b>
	<b>Fed-Ex #: _____</b>	<b>TOTAL: \$</b>	_____

\*After placing your order, no refunds within 35 days of the show

PLEASE PRINT:

Name of Convention: \_\_\_\_\_

Dates: \_\_\_\_\_

Convention Hotel / Location: \_\_\_\_\_

Daily Exhibit Hours: \_\_\_\_\_

Onsite Contact & Cell Phone Number: \_\_\_\_\_

Exhibitor: \_\_\_\_\_ Booth # & Size: \_\_\_\_\_

Display House: \_\_\_\_\_

Ship to Address: \_\_\_\_\_  
with Contact Name

Credit Card Billing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: (800) ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Credit Card Info: Please Circle One:    Credit Card-V code or Security Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_