Beth Engel Photography Print Order Form

When you have completed this form, please fax it to (414) 225-0661 or mail to: Beth Engel 2056 North Cambridge Ave. Milwaukee, WI 53202.

Please provide the following contact information:

Name of Wedding: _____

Ordered By:		**Ship To: (if different)**	
First Name:		First Name:	
Last Name:		Last Name:	
Address:		Address:	
City		City	
State:		State:	
ZIP/Postal:		ZIP/Postal:	
Country:		Country:	
Phone:		Phone:	
Fax:		Fax:	
E-Mail:		E-Mail:	

Please provide the following ordering information:

Pose #:	**Print Color*:**	**Print Size/PKG#:**	**Qty:**	**Cost Each:**	**Total:**
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
___ ___ ___ - ___ ___ ___	C / BW / S / HC			$	$
				Subtotal:	$
				Tax 5.6%:	$
				Total:	$

* C = Color, BW = Black & White, S = Sepia (Brown), HC = Hand Colored

Please select your method of payment: ___ Check ___ Money Order ___ Credit Card

Type of Credit Card: ___ Visa ___ Master Card

Name on Card (Please Print): _____

Credit Card #: _____ Expiration: ____ / _____

Verification Code (3-digit code on back): _____

I commission the studio to create the portraits ordered on the poses indicated and I agree to pay for such services in accordance with the terms of purchase. The studio reserves the right to use negatives and/or prints for display, publication, or other purposes. Negatives remain the property of Beth Engel Photography. NOTICE OF COPYRIGHT: IT IS ILLEGAL to copy or reproduce these photographs elsewhere without photographer's permission, and violators of this Federal Law will be subject to its criminal and civil penalties.

Order Approved By (order must have signature to process): _____ Date: _____