



Dana Bille Photography

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First Name _____ Last Name _____

Street Address _____ City _____

State _____ Zip _____ Phone (____) _____

Email _____

EVENT NAME: _____

STANDARD PRINTS

8x10 Standard Prints \$15/first print \$10/each additional

Enter image numbers: # _____ # _____ # _____ # _____ # _____

5x7 Standard Prints \$10/first print \$8/each additional

Enter image numbers: # _____ # _____ # _____ # _____ # _____

Total Due for Standard Prints: \$ _____

CUSTOM PRINTS

11x14 Custom Print \$65/first print \$50/ea. additional # _____ # _____ # _____

12x18 Custom Prints \$80/first print \$65/ea. additional # _____ # _____ # _____

16x20 Custom Prints \$100/first print \$85/ea. additional # _____ # _____ # _____

Total Due for Custom Prints: \$ _____

\$5.00 Handling & Postage \$ _____

Total Amount Due \$ _____

--Method of Payment--

Cash Check (payable to DB Photography) Credit (MC or VISA)

Card # _____ Ex. Date _____ Security Code _____
(last 3 digits on signature panel)

Name on Card _____ Signature _____

Billing Address *(if different from address listed above)*
