



50 Rockefeller Plaza
New York, N.Y. 10020
PH : 212-621-1930
FAX: 212-621-1955

Personal Use Order Form

Thank you for your interest in acquiring a news photograph from
Associated Press/Wide World Photos.

In order to obtain a AP/WWP photograph for personal use, please complete this form and return it to us by mailing to the address listed above or by faxing it to (212)621-1955.

Instructions on obtaining a photograph:

- 1) Please make a xerox copy of the newspaper/magazine clipping of the photograph you wish and attach it to this form. If you do not have a clipping of that photo, please write a detailed description of the photo including date of photo, location, photographer's name, etc.
- 2) Please include a type of payment. We accept personal checks, money orders and credit cards including: Visa, MasterCard, Discover, American Express. Company Checks are not accepted.
- 3) Please do not forget to add your local Sales Tax in your payment. Orders will be returned if the local Sales Tax is not included in your order.

Prices are as follows:

8x10 Color Photograph	\$85.00	\$40.00 each additional
8x10 Black/White Photograph	\$65.00	\$30.00 each additional
11x14 Color Photograph	\$100.00	\$55.00 each additional
11x14 Black/White Photograph	\$85.00	\$45.00 each additional
16x20 Color Photograph**	\$150.00	\$75.00 each additional
16x20 Black/White Photograph**	\$100.00	\$45.00 each additional

****This size is not available for every photo. Please Inquire before sending order.****

If you or a family member appears in the Photo, the discount price applies:

8x10 Color Photograph	\$50.00	\$25.00 each additional
8x10 Black/White Photograph	\$35.00	\$20.00 each additional

- 4) When your order is placed, please note that it will take approximately 3 to 4 weeks for the order to be processed.
- 5) Please note: Many of our recent images are taken with a digital camera. When a copy of the photograph is processed, these photographs will have a 1 to 1 ½ inch bordering.

ORDER FORM:

Please do not forget to fill it out completely and attach a xerox copy of the newspaper/magazine clipping.

NAME:
FIRST _____ LAST _____
ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP: _____ - _____
DAYTIME TEL: () _____ - _____ EMAIL ADDRESS: _____

Shipping Address (If different from billing address) :
NAME:
FIRST _____ LAST _____
ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP: _____ - _____

Photo request :
_____ 8x10 Color Photograph _____ 8x10 Black/White Photograph
_____ 11x14 Color Photograph _____ 11x14 Black/White Photograph
_____ 16x20 Color Photograph _____ 16x20 Black/White Photograph
Quantity of Photos requesting : _____ Photographs
Subtotal: \$ _____
Local Tax \$ _____
Total: \$ _____

Type of Credit Card:
 Visa MasterCard Discover American Express
Number : _____ Expires: ____/____

The Photograph that I am requesting will be used in my HOME only.
This Photograph will not be reproduced, used for display outside the home or for any commercial purpose.

Signature _____ Date: _____