PHOTOGRAPHIC SERVICES ORDER FORM
Old Salem Museums & Gardens
Photographic Services Office
924 South Main Street
Winston-Salem, NC 27101
336.721.7360

Please provide information and read and sign the purchasing agreement. Return one copy with payment; keep one copy for your records. Payment is due at time of order. Allow four to six weeks for completion of order.

Permission must be acquired and paid for to reproduce images in any form.

Contact:

Name: __________________________________________

Name of Organization: __________________________________________

Address: __________________________________________

Phone: __________________________________________

Email: __________________________________________

Pricing:

Digital Images
Existing digital image..........................................................$10.00 (per image)
Scan photograph/transparency..............................................$20.00 (per image)
Photographic print (8x10)....................................................$30.00 (per image)

New Photography ..........................................................$150.00 (per image)

Reproduction Fees  (world rights for all editions and promotions)
One-time use of image (print & digital rights).........................$50.00 (per image)
One-time use of the image in video / film..............................$50.00 (per image)
One-time use of image on a cover (print & digital rights) .....$150.00 (per image)
<table>
<thead>
<tr>
<th>Accession or Negative Number</th>
<th>Description</th>
<th>Number of Images</th>
<th>Medium</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal: __________
NC Tax (7%): __________
Total Due: __________

Make checks payable to “Old Salem Museums & Gardens” or email photos@oldsalem.org for credit card orders.

Please read and sign the following statement:

I understand that permission must be requested from Old Salem Museums & Gardens to reproduce these images in any form.

Signature ____________________________ Date ____________________________

For Staff Use Only
Order Number: __________
Date of Order: __________ Date Paid: __________ Date Mailed: __________

(page 2 of 2)