

Re-Order Form

Prints will be mailed out within 7-10 days.
Digital Files will be emailed within 2-3 days and there is no charge for shipping.
 Thank you!

To re-order by MAIL:
 Fill out & send this page with payment to our address below.
Pay with check or credit card

By FAX:
 Fax this form to (914) 738-5572
Credit Card orders only

By EMAIL:
 Scan & email this form to staff@highpointpictures.com
Credit Card orders only

YOUR ORDER

A. Group Photos (Sports Teams, Class/Grade group photos)

No photo #'s are needed to order any group photos. Call ahead if you are unsure of availability.

- | | | |
|--|-------------------------------|---------------|
| 1) Sports Team Photo (8x10 only, <i>specify sport, team, level & season below</i>) | 8x10's @ \$14 each = \$ _____ | Totals |
| 2) Class or Grade Photo (From Fall "School Photos", 5x7 only, <i>specify Homeroom below</i>) | 5x7's @ \$10 each = \$ _____ | |

B. All Other Photos: Photo #'s are needed; see the back or side of photos already ordered.

Check box if you need us to look up photo #'s for you.

<u>Photo #</u>	<u>Size & Quantity Desired</u>	
1) _____	___ Dig. File \$15 ___ (4) Wallets @ \$12/set ___ (2) 4x6's @ \$12/pair ___ (1) 5x7's @ \$12 ea ___ 8x10's @ \$15 ea = \$ _____	
2) _____	___ Dig. File \$15 ___ (4) Wallets @ \$12/set ___ (2) 4x6's @ \$12/pair ___ (1) 5x7's @ \$12 ea ___ 8x10's @ \$15 ea = \$ _____	
3) _____	___ Dig. File \$15 ___ (4) Wallets @ \$12/set ___ (2) 4x6's @ \$12/pair ___ (1) 5x7's @ \$12 ea ___ 8x10's @ \$15 ea = \$ _____	

REMINDER: Wallets, 3x5's and 5x7's come in sets/pairs of the same photo.

Shipping (Out of U.S. - \$10.00) \$ 3 . 5 0
Sales Tax (NY State residents only / use local rate) \$ _____
TOTAL \$ _____

C. These photos are from...

- STUDENT PORTRAITS ('School photos' taken in Fall) *Specify Year:* _____
- GRADUATION (Photos taken on Spring Graduation Day) *Specify Year:* _____
- SPORTS *Specify team, level, season & school year:* _____
- OTHER EVENT (*be specific*) _____

NOTES:

CUSTOMER INFO

Student's Name _____
 Mailing Address _____
 City _____ St _____ Zip _____
 DAY Tel # (_____) _____ - _____ ext. _____
 Email (for digital file orders) _____
 Student's Grade (when photos were taken) _____
 School Name:

PAYMENT INFO

Ordered by: Mom Dad Student
Payment: Check VISA MasterCard
 1) Credit Card # _____ | _____ | _____ | _____
 2) Expiration Date (2 digit month & year only) _____ | _____
 3) Cardholder's Signature _____
 4) Cardholder's Printed Name _____

office use ▼ charge date

