

San Benito County Historical Society

Photographic Services Order Form

Statement of Intent: I wish to order photographic reference copies of the materials listed on this form, and I understand that the copies I receive are to be used for private study, scholarship or research only, as stated in the copyright notice below.

Processing: I understand all photographic reproduction work is performed by SBCHS, and must be paid in advance. These fees are for processing and staff time only. They **do not** include publication fees, if applicable.

Publication: If the photographic reference copies ordered on this form are intended for publication (printed or electronically) or exhibit, or any form of reproduction, now or in the future, **I understand that I must fill out the Request for Permission to Publish form.** I further understand that permission to publish granted by San Benito County Historical Society does not constitute copyright clearance; materials owned by SBCHS which may be subject to copyright will also require written permission from the current copyright owner(s), or their heirs or assigns.

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This institution reserves the right to refuse to accept a copying order if, in its judgment, fulfillment of the order would involve violation of copyright law.

Specific Intended Use of Photograph(s): _____

Signature: _____

Printed Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Organization: _____

Date: _____

Over

Turnaround Time: SBCHS will make all attempts to process your order on a first come first serve basis as quickly as possible. Allow 2 to 4 weeks to process an order. Rush service (ask for time frame) is available at an additional cost.

SBCHS reserves the right to decline requests for photographic duplication.

Description of Photographs Requested for Duplication

	Accession Number	Print Size and Special Instructions*	Price
	1		
	2		
	3		
	4		
	5		
	6		
	Mailing Fees		
	Total		

*Matte or Glossy, border or no border, tif, CD, etc.

Staff Use:

Order received by: _____ Date: _____

Payment Received: \$ _____ Date: _____

Method of Delivery: _____

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