



NORTHWEST JOEL E. FERRIS RESEARCH LIBRARY AND ARCHIVES
MUSEUM 2316 W. First Avenue
OF ARTS Spokane, WA 99201
& CULTURE (509) 363-5342, fax (509) 363-5320
 archives@northwestmuseum.org

REPRODUCTION ORDER FORM

Allow 2-3 weeks for processing Rush (5 business days; 100% surcharge)

Section 1: Order Information

Hardcopy Reproductions

Identification Number	8x10 Print (\$15)	11x14 Print (\$25)	16x20 Print (\$35)	Other	Subtotals** (Shaded areas to be completed by Staff)

Digital Reproductions

Identification Number	300 dpi tiff* (\$15)	600 dpi tiff* (\$25)	Other	Subtotals** (Shaded areas to be completed by Staff)

*All image files are 8-bit RGB @ 8" x 10". Digital imaging services supported by the Kalispel Tribe of Indians.
 **Additional fees include: Washington State sales tax, postage and handling.

Section 2: Delivery Method (Check one)

- I will pick up at MAC
- Please mail (must provide credit card number below)
- Please FedEx using my account number: _____
- Overnight FedEx
- Please post on MAC FTP site and email me when ready to download (digital images only; should have a high-speed connection)

Staff Use Only		
Action	Date	Initials
To Accounting for billing/ mailing		
Notified order ready		
Left voice mail? Yes / No		
Posted to FTP site and emailed instructions		

Section 3: Use Information

Image(s) will be used for:

- Personal (non-commercial use in home)
- *Print Media (Books, Periodicals, Calendars, Posters, Postcards)
- *Film, Video, or Broadcast Media
- *Internet/Website
- *Advertising and Promotion
- *Public Display (Commercial Space or Exhibition)

For Resale (copy of resale certificate required)

* Must be accompanied by a Rights & Reproduction Application; a use fee will be assessed (see Fee Schedule).

Section 4: Customer Information

Name: _____ Title: _____

Institution: _____

Mailing Address: _____

Billing Address: _____

Phone: _____ Fax: _____

E-mail: _____

Northwest Museum of Arts & Culture Member? (10% Discount) Yes No

Section 4: Payment Information (Check one)

Orders must be guaranteed with a credit card or paid in advance.

- Credit Card (circle one) Mastercard Visa American Express

Name on Card: _____

Number: _____ Expiration Date: _____

- Invoice (Purchase order or other authorizing document required; payment must be received before order will be delivered)

Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

- Will prepay today
- Tax Exempt (Tax exemption form required)

Section 5: Conditions Governing Reproduction

Reproductions of materials held by the Northwest Museum of Arts & Culture/Eastern Washington State Historical Society (hereafter referred to as the Society) are provided for the personal use of the individual(s) who have requested them. Image material may not be used in publication without the written permission of the Society (please complete a Rights and Reproduction Application). Publications include books, periodicals, websites, exhibition, advertising, or audiovisual media. Permission to use images in publications is made for one-time use only and will be assessed a use fee. Subsequent publications are subject to additional use fees and must be approved in writing by the Society.

I have read the Conditions Governing Reproduction and understand the terms of this agreement.

Signature: _____ Date: _____