

# FZR Photography

## Photograph Purchase Order

**Please provide the following contact information:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Address (Cont.): \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Shipping address if different than above:**

Street Address: \_\_\_\_\_  
Address (Cont.): \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

**Photo Prints: (See Photo for Size & Price)**

<u>Qty</u>	<u>Photo Name/Number</u>	<u>Size</u>	<u>Amount</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
			Total: _____

**Photo CD-ROM's: (See Event for Price)**

<u>Qty</u>	<u>Event Name</u>	<u>Date</u>	<u>Amount</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
			Total: _____

Send to:

Shawn Smoak  
2036 State Route 505  
Toledo, WA. 98591