



**Print Order Form**

*Ver. 1.04*

**AERIAL ARCHIVES**

415/771-2555

Fax: 707/769-7277

Hangar 23

Box 470455

San Francisco

CA 94147

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Tel.** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **PO:** \_\_\_\_\_  
**Country:** \_\_\_\_\_

**Description/Rights Granted/Period of Use and Media Usage:**

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Description	No.	Price	Total
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*Sales tax and shipping not included in above*

*Please fax the completed form together with identifying information or research request reference to:*

**AERIAL ARCHIVES**

Orders

Fax: 707/769-7277

***Thank you for your order!***

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The undersigned authorizes the amount above to be billed to the credit card indicated below.

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Credit card no.: \_\_\_\_\_  
 CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_