



# Picture Packages



## Group Photo

(Package A - photo of all graduates)

<b>Package A</b>
(1) 8x10 group photo
\$18

## Ceremony Photo

(Packages B - H contain a photo of student receiving diploma during ceremony)



Package B	Package C	Package D
(2) 8 x 10 Portraits	(1) 8 x 10 Portraits	(2) 5 x 7 Portraits
(4) 5 x 7 Portraits	(2) 5 x 7 Portraits	(4) 3½ x 5 Desk Size
(4) 3½ x 5 Desk Size	(4) 3½ x 5 Desk Size	
\$40	\$33	\$24

	Bonus E	Bonus F	Bonus G	Bonus H
	(1) 8 x 10 Portrait	(2) 5 x 7 Portraits	(4) 3½ x 5 Desk Size	(8) 2 x 3 Wallets
Add to package B-D	\$15	\$15	\$15	\$15
A la carte	\$20	\$20	\$20	\$20

### ORDERING INSTRUCTIONS:

1. Complete the student, school, address and phone number in the order form.
2. In the form below, enter the package(s) and quantities to purchase.
3. Pictures available online after the ceremony. PLEASE NOTE: Package selection will be limited; prices are higher plus sales tax and shipping.
- \* **FREE** Class Picture for orders **POSTMARKED** by May 20<sup>th</sup>.
4. Insert the payment inside the envelope and seal.

### Payment Information

- Professional photographs are copyright protected. Photocopying or scanning proofs or prints is a form of theft and it is against the law.
- Packages are printed only when orders with payment are received.
- Prices include sales tax.
- Enclose Cash, Check, Money Order or Debit/Credit Card information. **NO CHANGE RETURNED.**
- Check or Money Order payable to **Image Photography.**
- To use a Debit/Credit Card, SEAL the information at left in the order envelope.
- A service fee of \$30 will be charged on all returned checks.
- Questions regarding your order and/or the photos received must be made within 60 days of the date the photo was taken.

#### Questions?

Call (254) 224-6462 or Email [info@imagephotos.net](mailto:info@imagephotos.net)  
Monday - Friday 9:00am - 4:00pm

  
IMAGE PHOTOGRAPHY  
www.imagephotos.net  
PO Box 265, Waco, TX 76703

..... ✂ Cut along dotted line .....  
**For Debit/Credit Card, fill out completely and SEAL in the order envelope.**

Student Name \_\_\_\_\_

VISA or  MasterCard    Payment Amount \$ \_\_\_\_\_

Card number:

Exp. Date:   /      CID (from back of card):

Name exactly as shown on card: \_\_\_\_\_

Billing Address INCLUDING ZIP CODE (a security check)  
Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### ORDER FORM - FILL IN COMPLETELY

PLEASE WRITE AS CLEARLY AS POSSIBLE

### ENTER PACKAGES TO ORDER

DOUBLE CHECK YOUR CALCULATIONS

STUDENT'S FIRST NAME	PACKAGE	QTY	PRICE
STUDENT'S LAST NAME			
SCHOOL			
PHONE NUMBER			
SHIP TO			
ADDRESS			
CITY			
STATE			
ZIP			
POSTMARKED BY <b>May 20</b> <input type="checkbox"/> <b>FREE</b>		CLASS PICTURE	1    \$0.00
		POSTAGE	\$5.00
FOR INTERNAL USE SEQUENCE		<b>TOTAL:</b> <input type="text"/>	