



Order Form

Student's

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

School _____ C# _____

Email: _____

Method Of Payment:

Check # _____ Cash Money Order

Discover / American Express Visa / Mastercard

Credit Card # _____

Exp. Date _____

Card Holders Signature _____

Quantity	Size / Package	Pose Number	Price

YB Choice	Pose #
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If mailing your order please include a 50% deposit and mail order to:

O'CONNOR PHOTOGRAPHY

Av Studio:
42231 6th St. West #202
Lancaster, CA 93534

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661•940-5657

SCV Studio:
28392 Constellation Rd
Santa Clarita, CA 91355
661•257-3838

Balance due upon completion of order.

Proof	
Amt. of Sale	
TAX	
Sub-Total	
Total	
Deposit (50%)	
Balance	

Please allow 8-12 weeks for delivery

Permission to use as a sample: YES NO

Customer's Signature _____

Date _____

WHITE/YELLOW = STUDIO COPIES PINK = CUSTOMER COPY