

Order/Reorder Form for Portrait Packages and Image CD



Ordering is easy!

To order the Image CD, check the CD order box (see arrow)

Mail-in Order:

1. If you would like to order your student's portrait and/or Image CD, please select items on the order form to the right.
2. Complete the attached Order Form (section 1-3)
3. Enclose the completed Order Form, along with payment or credit card information (section 4) form and mail it in an envelope to the address listed below.
DO NOT SEND CASH!
4. Your portrait package will be delivered to the address indicated on the Order Form in 5-6 weeks after your order is received.

Make checks or money orders payable to Lifetouch.
PLEASE DO NOT SEND CASH.

If you have any questions about this information, contact us via our customer service website:
www.lifetouchbayarea.com

Please mail your order to:

Lifetouch NSS Accounts Receivable
PO Box 46993
Eden Prairie, MN 55344-9728

-Please make sure to include your Return address-

Important Class Picture Information:

Your order does not include a class picture.
If your school has a class picture, please order your class picture on Retake Day (we will send a special Retake Day Flyer to your school prior to Retake Day).

Or click on the Class Picture Order Form on our website **after you have received your portrait package.**

You can also contact us from 9:00am to 4:00pm at (510) 732-1183.

For the fastest service, please contact us through our website at:
www.lifetouchbayarea.com

| Student and School Information | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------|-------|--------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 | Student's Name: | | | | | | | | | | | | | | | | | | | | | | | | |
| | School Name: | | | | | | | | | | | | | | | | | | | | | | | | |
| | City: | | | State: | | | | | | | | | | | | | | | | | | | | | |
| | Grade: | Teacher's Name or Room# | | | | | | | | | | | | | | | | | | | | | | | |
| Customer Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Your Name: | | | | | | | | | | | | | | | | | | | | | | | | |
| | Home Address: | | | | | | | | | | | | | | | | | | | | | | | | |
| | City: | | | | | | | | | | | | | | | | | | | | | | | | |
| | State: | | | Zip: | | | | | | | | | | | | | | | | | | | | | |
| | Phone #: | | | | | | | | | | | | | | | | | | | | | | | | |
| | Relationship: | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Qty | Sheets | Color | Sepia | Black/White | | | | | | | | | | | | | | | | | | | | |
| | | 1-10x13 | | R142 | R148 | | | | | | | | | | | | | | | | | | | | |
| | | 1-8x10 | | R143 | R149 | | | | | | | | | | | | | | | | | | | | |
| | | 2-5x7 | | R144 | R150 | | | | | | | | | | | | | | | | | | | | |
| | | 4-3½x5 | | R145 | R151 | | | | | | | | | | | | | | | | | | | | |
| | | 8-2½x3½ | | R146 | R152 | | | | | | | | | | | | | | | | | | | | |
| | | 18-1½x2½ | | R147 | R153 | | | | | | | | | | | | | | | | | | | | |
| | | 1-Calendar 8x10 R124 | | | | | | | | | | | | | | | | | | | | | | | |
| | Total Sheets | | | | | | | | | | | | | | | | | | | | | | | | |
| | Number of Sheets X Cost per sheet 1 = \$15/sheet, 2 = 12.50/sheet, 3 or more=\$10/sheet | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | QTY Image on CD \$25.00 ← CD | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | Retouching \$6.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | Name-on Wallets \$5.00 (fill in name for wallets below) | | | | | | | | | | | | | | | | | | | | | | | | |
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| \$ | Maryland & Pennsylvania residents add 6% sales tax | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | Subtotal | | | | | | | | | | | | | | | | | | | | | | | | |
| \$5.00 | Shipping | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | Total Enclosed (price includes tax) LN | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|--|--|--|--|
| 4 | Credit card order – Fill out completely & enclose in an envelope. DO NOT FOLD CREDIT CARD SECTION | | | | |
| | <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX | | | | |
| | Credit Card #: | | | | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | |
| Exp. Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Payment Amount: <input type="text"/> | | | | | |
| Name (as it appears on card): _____ | | | | | |
| Signature (of card holder): _____ | | | | | |
| Address: _____ | | | | | |
| City: _____ ZIP _____ | | | | | |
| Home Phone: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| Day Phone: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |