

Person responsible for payment: _____ Date: _____

Phone number: _____ Originals provided: Digital files

Negatives
 Prints
+ \$10

Turntime: Standard 3-4 days 2 day +50% 24 hours +100% SAME DAY +200%

Archive Order Number _____ File Name _____

HeadShots

8 x 10 photographic

Name as to appear on HeadShot: _____

Quantity requested: _____ Negative#/File Name _____ Layout _____ color black & white

Quantity requested: _____ Negative#/File Name _____ Layout _____ color black & white

Paper Finish: Gloss Lustre Matte (Standard)

Type Styles *circle one:*

Agency: _____

Arial	ARIAL	Rockwell	ROCKWELL
Times	TIMES	Tekton	TEKTON
Futura	FUTURA	Harting	HARTING
Palatino	PALATINO	PEIGNOT DEMI	PEIGNOT DEMI

logo to be used yes no

Placement of name: left center right

Layouts 1-7



BusinessCards

3.5 x 2 photographic 1-sided

Name as to appear on Business Card: _____

Phone Number: _____ Other: _____

Quantity requested: _____ Negative #/File Name _____ Layout _____ color black & white

Type Styles *circle one:*

Arial	ARIAL	Rockwell	ROCKWELL
Times	TIMES	Tekton	TEKTON
Futura	FUTURA	Harting	HARTING
Palatino	PALATINO	PEIGNOT DEMI	PEIGNOT DEMI



black or white
bar at bottom

fade at bottom

\$10 extra set
up fee

For retouching see back

Retouching

Retouching (extra charge \$15.00 minimum): Under eyes Smile lines Blemishes Stray Hairs Other

Retouching explanation: _____

Proofs and Payment

PROOFS:

You have the option to see a proof before your job is printed. This is to protect you as well as Gigantic Color. We will call you as soon as the proof is ready. Your turn time may be effected if the proof is not approved quickly. **If you require changes once you have seen the first proof, there will be an additional \$15.00 charge.** If you choose to bypass the proof, you may sign below to acknowledge that Gigantic Color is not liable for the printed pieces, and you are guaranteeing payment. Job will not be processed without a signature below. **If you are re-ordering:** You must give an archive order number. If you do not have one, you must come in to see proof.

PAYMENT:

Payment is required up front for all services. We accept money orders, cashier's checks, all major credit cards, cash and personal checks.

I do wish to see a proof and understand the terms mentioned above.

Signature _____

I do **NOT** wish to see a proof and understand that the printed pieces I receive will not be refunded for any reason.

Signature _____

Lab Use Only

paper type: _____

on server: _____

file name: _____

proof: _____