BROOKSIDE
SARATOGA COUNTY HISTORICAL SOCIETY

IMAGE REPRODUCTION ORDER FORM

Date_____ ° Commercial Use ° Non-profit Use °Personal Use

Name_____

Address_____

City, State, Zip _____

E-mail_____ Phone _____

Institution You Represent, if any_____

Statement of Intended Use: _____

_____

Object ID #	Description	Resolution* (72-1200 dpi)	Format* (TIF, JPG, GIF)	Color* or BW	Cost
Payment Method: °Cash °Check °Charge			Subtotal		
(Checks payable to Brookside Museum.)			Shipping/handling		
VISA EXP			Tax		
Signature of Card Holder			TOTAL		

Office Use Only	_____Received Date _____Processed Date _____Permission _____ Approved (staff signature & date)

<u>Permissions Form</u> ***must*** *be submitted regardless of intended use. Orders will not be processed without the Permissions form.*
**If no resolution/format/color is specified the image will be scanned at 300 dpi, BW, and saved as a jpg file.*

6 CHARLTON STREET, BALLSTON SPA, NEW YORK 12020
INFO@BROOKSIDEMUSEUM.ORG | 518.885.4000 | WWW.BROOKSIDEMUSEUM.ORG