

**\* CREDIT CARD MUST ACCOMPANY ORDER \***

# Orlando Photography

600 Lincoln Ave #93363, Pasadena CA 91109

www.joeorlandophoto.com | email: mail@joeorlandophoto.com

**cell: (818) 515-2206**

YOUR P.O. NUMBER

\_\_\_\_\_

QUANTITY	SERVICES	EACH	TOTAL
_____	<b>ORIGINAL VIEWS</b> <input type="checkbox"/> Includes Photography, Time, Equipment	@ <b>\$95.00 \$</b> per view	_____
	No People <input type="checkbox"/> Posed Staff <input type="checkbox"/> Crowd During Show <input type="checkbox"/>		
	<b>Additional Photo Services After Original Ordered</b>		
_____	<b>HI RES DIGITAL IMAGE FROM ORIGINAL VIEW</b> <input type="checkbox"/> Includes large file JPEG rights & ownership	per view @ <b>\$50.00 \$</b>	_____
_____	<b>LOW RES DIGITAL IMAGE ORIGINAL VIEW</b> <input type="checkbox"/> Includes resized JPEG, perfect for powerpoint, emails, website	per view @ <b>\$35.00 \$</b>	_____
		\$	_____
		\$	_____
		<b>SUB TOTAL: \$</b>	_____
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           Clients based in <u>California</u> add CA tax            Clients in other states no tax         </div> → <b>TAX: \$</b>		_____
		All Orders add <b>\$15.00</b> Handling: <b>\$</b> <small>(Dropbox, WeTransfer, USB Drive)</small>	<b>15.00</b>
	Fed-Ex #: _____	<b>TOTAL: \$</b>	_____

\*After placing your order, no refunds within 35 days of the show

PLEASE PRINT:  
Name of Convention:

**New York Int'l Auto Show**

Dates: **April 18-27, 2025 - Public**

Convention Hotel / Location: **Javitz Convention Center**

Press 15-17

Daily Exhibit Hours: \_\_\_\_\_

Onsite Contact & Cell Phone Number: \_\_\_\_\_

Exhibitor: \_\_\_\_\_ Booth # & Size: \_\_\_\_\_

Display House: \_\_\_\_\_

Ship to Address: \_\_\_\_\_  
with Contact Name

Credit Card Billing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: (800) (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Credit Card Info: Please Circle One:    Credit Card-V code or Security Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_