

Imagination Photo Lab

Album Order Form

Tel 212 358 1928 Email:imaginationphoto@hotmail.com

Studio _____
Date _____
Contact _____

Album _____
Event Date _____
Order # _____

<u>Album Style</u> <input type="checkbox"/> Library Flash <input type="checkbox"/> Coffee Table <input type="checkbox"/> Royal Reversible <input type="checkbox"/> Brag Book	<u>Edge Gilding Color</u> <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Black <input type="checkbox"/> None	<u>Edge Color</u> <input type="checkbox"/> Zebra <input type="checkbox"/> White	<u>Opening Page</u> <input type="checkbox"/> Black Silk <input type="checkbox"/> White Silk <input type="checkbox"/> Black <input type="checkbox"/> White	<u>Spine</u> <input type="checkbox"/> Round <input type="checkbox"/> Flat
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Cover Color _____ Padded Non-Padded

<u>Cover Stamping</u> <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Black <input type="checkbox"/> Embossing	<u>Style of Imprinting</u> <input type="checkbox"/> Script <input type="checkbox"/> Italic <input type="checkbox"/> Modern <input type="checkbox"/> Hebrew	<u>Special Cover</u> <input type="checkbox"/> Acrylic <input type="checkbox"/> Picture on Cover Picture Location _____	<u>Album Size</u> _____ <u>Page Amount</u> _____	<u>Invitation</u> <input type="checkbox"/> Page# _____ <input type="checkbox"/> Separate Page <input type="checkbox"/> Framed
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Imprinting Information Custom Made Imprinting

Center _____

Lower Right _____
Corners _____

Studio Name Imprint Remarks _____

