



# MOVES ORDER FORM

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

**MAILING ADDRESS:**  
 1419 Jeffrey Drive  
 Addison, IL 60101  
 630-648-9067

**Please be sure to indicate if the image is from North Aurora or Wheaton Show**

Photo No. (example IMG_0001a or 1/91)	Name of Dance	Please Check one column for each		Print Size	Quantity	Amount Due
		North Aurora	Wheaton			
1.		<input type="checkbox"/>	<input type="checkbox"/>			
2.		<input type="checkbox"/>	<input type="checkbox"/>			
3.		<input type="checkbox"/>	<input type="checkbox"/>			
4.		<input type="checkbox"/>	<input type="checkbox"/>			
5.		<input type="checkbox"/>	<input type="checkbox"/>			
6.		<input type="checkbox"/>	<input type="checkbox"/>			
7.		<input type="checkbox"/>	<input type="checkbox"/>			
8.		<input type="checkbox"/>	<input type="checkbox"/>			
9.		<input type="checkbox"/>	<input type="checkbox"/>			
10.		<input type="checkbox"/>	<input type="checkbox"/>			

**Pricing:**

wallets (4) \$9.00 Same Image  
 4 x 6 - \$9.00  
 5 x 7 - \$9.00  
 8 x 10 - \$18.00

**Note about performance shots: due to creative or technical reasons, lighting variations and the uncontrolled atmosphere of an actual recital, they may be blurred by motion or soft focus, the colors may be abstract and the contrast may be very harsh, some performance shots may have a grainy effect.**

Sub Total \_\_\_\_\_  
 Shipping & Handling **\$6.00**  
**TOTAL DUE** \_\_\_\_\_

If you have any questions or concerns about your order or the quality or ability to enhance an image:  
**e-mail: info@capturephoto.net or call (630) 648-9067**

*Please Make Check or  
 Money Order payable to:*  
**CAPTURE**

**Check Number** \_\_\_\_\_ **Check Amt.** \_\_\_\_\_

**PLEASE PRINT CLEARLY**

**Name on Credit Card** \_\_\_\_\_

**CREDIT CARD NUMBER**

**Expiration Date** \_\_\_\_\_ **MC** \_\_\_\_\_ **Visa** \_\_\_\_\_ **AmEx** \_\_\_\_\_ **Discover** \_\_\_\_\_

CHECK HERE IF BILLING ADDRESS IS SAME AS AT TOP OF FORM

**Credit Card Billing Address** \_\_\_\_\_

**X**

SIGNATURE REQUIRED FOR ALL CREDIT CARD PURCHASES

DATE

*I authorize Capture to charge the above amount to the credit card indicated.*