



Photo Mail In Form

*First Name _____

*Last Name _____

*Billing Address _____

*City _____

*State/Province _____

*Zip/Postal _____

Home Phone _____

Order Confirmation Number _____
(Online orders only)

Account Number _____

Approximate Date of Order _____

Asterisk (*) indicates a required field.

After completing the form, please return it via U.S. mail, along with a 4" x 6" print or CD with a digital photo file, to the following address:

P.O. Box 806
Morton Grove, IL 60053-9957

Don't forget to enclose your photo or cd. Photos or cd will not be returned.