

REQUEST FOR PHOTOCOPYING

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Date:

Telephone: ()

fax: ()

email:

Method of Delivery:

Mail Pick-up

Signature:

Schedule of fees on reverse.

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_____ pages @ _____ per page \$ _____

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+ mailing _____

PAY BY CREDIT CARD ON REVERSE. TOTAL \$ _____

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(date & initials)

invoice # _____

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(date & method)

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revised 12/2006

MORTIMER RARE BOOK ROOM SCHEDULE OF FEES (including cost of staff handling)

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PAYMENT BY CREDIT CARD

Please complete this form and return it by mail or fax.

Type of credit card (*please circle*): VISA MASTERCARD

Name on card: _____

Billing Address: _____

Card #: _____

Expiration date: _____

Total Amount: \$ _____

Signature of card holder: _____