



CT Costa Photography
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Product Photography Order Form

Please fill out the form below

Company Name: _____

Name: _____
First Last

Address: _____
Street Address 1

Street Address 2

_____ City State Postal / Zip Code

E-Mail _____

Phone Number (____)-____-____ Ext: _____

Type of Products _____

How many total Products being shipped? _____ Is assembly required? ___Yes ___No

How many? Single Items _____ Group Shots (2-3 items) _____ Props or No Props

Would you like your products returned? ___Yes ___No

If Yes, Please indicate how you prefer to handle return shipping costs. (Include Insurance, if Necessary)

___ Send Invoice through PayPal

___ Provide Return Labels

___ Bill to your Carrier Account Number _____

Carrier

Account #

Choose from the following effects:

Drop Shadow Reflection Cut Out (No shadow or reflection) Photographer's Discretion

Choose a Background:

Pure White (standard) Black Gradient Photographer's Discretion

other, please describe _____

Do you have a shooting angle preference?

Straight 20 45 Other, please describe _____

No (Photographer's Discretion)

Do you require additional Image sizes not already included in the package?

No

yes, please Describe _____

Do you require Formatting for Zapplication (ZAPP)?

Yes No

How would you like your images delivered? Download CD

Additional Comments: