

Minnesota Historical Society Gale Family Library 345 Kellogg Blvd. West St Paul, MN 55102-1906 (651) 259-3300, <u>library.permissions@mnhs.org</u>

Staff use only
Job #
Order Date
Staff Initials

Image Order Form

For high resolution digital scans

Name:
Company or Organization (if applicable):
Address:
City: Zip Code:
Phone: <u>()</u> Email:
Tax Exempt number (if applicable):
MNHS Member number (Members receive 10% discount):
Item(s) to be reproduced from: (check one) (Please use one form per Collection/Record Title)
Manuscript or State ArchivesMap or Poster (oversize \$25)
BookPhoto Album
Single photo print
Collection / Record title / Identifier:
Box Location Number / Call number:
Document title:
Number of items to be reproduced:
Item Description(s) : In addition to flagging the requested pages (e.g. "photo of train in Advertising folder" or "photo on page 45")

This institution reserves the right to refuse a copying order if, in its judgment, fulfillment of the order would involve violation of copyright law or would damage collection items. See reverse for prices, delivery options, and payment method



-			
I		1	
I	1		
	1		

Image Prices and Delivery Options

Images are reproduced in their original color unless otherwise noted.

Digital Scan (Prices are per scanned image.)

Select File Size

Small - good for email, presentations, student work, printing under 8x10. 2-15MB file size, 1500 pixels on the long side, 300dpi JPEG.

Large - good for printing up to 16x20, most smaller size publishing, etc. 20-60 MB file size, 3000-6000 pixels, 300-600 dpi TIFF (JPEG if requested)

Extra Large - very large printing, fine publishing, etc. 20-100+ MB file size, 6000+ pixels, 300-600+ dpi TIFF.

Scans are delivered via Email

Large \$25.00	
Select file type:	JPEG
	TIFF

Small (JPEG) **\$7.00**

Extra Large (TIFF) \$60.00____

Subtotal
MNHS Member Discount
Tax
Use Fee (if applicable)
Total Due

Photographic Prints (Are not available at this time)

Payment Options: (Please print neatly)

_____Check _____Credit card _____Invoice Me

Card number:	Exp. Date	CVV	Billing Zip Code	
--------------	-----------	-----	------------------	--

Signature of cardholder:

By placing this order, the above-signed authorizes the MNHS Library staff to charge the above credit card a total amount.

How are you using this item?

Personal Use: I agree to abide by the standard MNHS Conditions of Use.

□ Public Use: Image Use/Permission Request form **MUST be submitted and approved before any public use.**

Customer signature	Date
Staff Use Only Permission for reproduction is: Granted Notes:	Denied
MNHS Staff Signature	Date