



CUSTOMER INFORMATION FORM

Photo One Order # \_\_\_\_\_

**PLEASE PRINT**

First Name (Adult): \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (Required): (\_\_\_\_\_) \_\_\_\_\_ Work Phone: \_\_\_\_\_

To Receive Special Offers & News Please Provide Your E-Mail Address: \_\_\_\_\_  
(MasterPortrait WILL NOT share your E-mail address with any other company or organization!)

Name & Date of Birth of each person under age 18 being photographed. **NEW CUSTOMER? YES NO**

Child 1: \_\_\_\_\_ Child 4: \_\_\_\_\_

Child 2: \_\_\_\_\_ Child 5: \_\_\_\_\_

Child 3: \_\_\_\_\_ Child 6: \_\_\_\_\_

Number of Persons being Photographed: \_\_\_\_\_ Wardrobe Change? (Large Session Only) **YES NO**

**Please list any special instructions or poses you desire.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SAFETY / COPYRIGHT / PROMOTION / CHECK / CAMERA CLAUSE.....PLEASE READ AND SIGN**

I understand that I am responsible for the safety of all children under my care while I am in the MasterPortrait studio. I will ask the photographer to terminate any pose if I believe that any child is in danger. Unless the box below is checked, I give unlimited authorization for MasterPortrait to use the portraits from this session for display or promotional purposes. I acknowledge that the copyright laws of the United States protect the images against unauthorized duplication, scanning, or any form of copying of portraits/images without MasterPortrait's expressed written consent. I understand that if I pay by check and it is returned unpaid, my account will be debited electronically for the original check amount plus the state's maximum allowable service fee. I understand I am not allowed to operate any image capture devices while in any MasterPortrait studio. (Cameras, video cameras, cell phone cameras etc.) MasterPortrait will replace any product found to be defective; we only offer refunds if your portraits are materially different from the images viewed in our studio. By my signature, I acknowledge having carefully read this paragraph.

PLEASE SIGN: \_\_\_\_\_

**MasterPortrait may not use the portraits from this session for display or promotion. (check box)**

**MasterPortrait Use Only**

Date of Session: \_\_\_\_\_

_____	_____	_____
<b>WEEK</b>	<b>STUDIO</b>	<b>SESSION #</b>

Customer # : \_\_\_\_\_ Total Shot: \_\_\_\_\_ Photographer: \_\_\_\_\_ Salesperson: \_\_\_\_\_

Session Type: NO ALBUM SMALL ALBUM LARGE ALBUM MOMMY TO BE: 1 2  
DIGITAL BFY: 1 2 3 4 RESHOOT HOLD

Number of Additional Albums Ordered: SAS: \_\_\_\_\_ LAS: \_\_\_\_\_ BFY: \_\_\_\_\_

Did Customer Place Order at Session? **YES NO** Number Of Addl. Proofs: \_\_\_\_\_

Negative Numbers of Addl. Proofs NOT in album: \_\_\_\_\_

Comments / Instructions / ID Info: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_