

Order for reproductions of artwork from the collection

T + 64 9 980 5332 reproductions@aucklandartgallery.com

ORDER NUMBER:

Artwork details (Copyright may apply)			Reproduction requirements (indicate number of copies required)		Costs
ARTIST	TITLE	ACCESSION NUMBER (IF KNOWN)	DIGITAL PRINT (STATE SIZE)	DIGITAL IMAGE	

Applicant details

NAME

COMPANY

ADDRESS

PHONE **FAX**

EMAIL

DATE ORDERED **DATE REQUIRED**

Use of images

Please give full details, eg private use/study only, book,ebook/periodical illustration (give title, author, date of publication and edition size) catalogue, advertising, cards, film or video, internet etc.

Publication fee (see pricelist) number of images at \$ per image =

I have read and agree to the Gallery's Reproduction Terms and Conditions, and to pay reproduction fees as required.

Signature: _____

	Sub-total	
	packaging postage	
	TOTAL	

Payment method

Direct Credit **Bank account number:** 12-3113-0131422-00
(International Payment Code: ASBBNZ2A)

Pay at Auckland Art Gallery

Cheque

Credit card (By phone for NZ customers only. Please ensure phone number is provided.
For security reasons please do not provide credit card details at this time.)

Invoice

Gallery use only

USE APPROVED, AS DETAILED ABOVE: (CURATOR)		DATE:	
COPYRIGHT PERMISSION RECEIVED: (COPYRIGHT HOLDER)		DATE:	
RECEIVED:	PHOTOGRAPHY:	DISPATCHED:	INVOICED: