



Microfilm Duplication Order Form

USE INFORMATION

Intended use: Personal research Library use Other: _____

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Signature (REQUIRED)

Date (REQUIRED)

CONTACT INFORMATION

First Name: _____ Last Name: _____

Company: _____

Unit/Department: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

Payment Amount: _____ Tax Exempt? Yes No

Payment Type: Cash Check Credit Card* Invoice

*Credit card payments are submitted through the online Ohio History Store. A payment link will be provided when your order has been processed.

INSTRUCTIONS

Provide microfilm title or description and call number (if known) for each item. For fee questions, contact 614.297.2530 or images@ohiohistory.org.

MICROFILM NAME OR DESCRIPTION <i>(newspaper/record title and date range)</i>	CALL NUMBER <i>(if known)</i>	QUANTITY (\$100/reel)	TOTAL

Shipping (see below)

Tax (Ohio residents only: 7.5%)

Grand Total (REQUIRED)

SHIPPING FEE SCHEDULE

REEL COUNT	COST
1	\$5.00
2-15	\$10.00
16-25	\$15.00
26+	Inquire for pricing