THE MARYLAND HISTORICAL SOCIETY DEPARTMENT OF IMAGING SERVICES

201 W. Monument St., Baltimore, MD 21201 | imagingservices@mdhs.org | Fax 410-385-2105

Name:	MdHS Member No		
Company:			
Address:			
City/State/Zip:			
Phone:	Email:		
Today's Date: Due Date Requested: Standard turnaround time is 14 business days after payment is received. Please confirm rush requests.			
Service Requested:	 □ Digital Reproduction (image file only, no permissions) □ Image Permission Only □ Digital Reproduction and Permission 		
Delivery Method:	 □ DropBox, No Cost (recommended) □ USPS Flat Parcel Shipping \$10 (Image will arrive on a CD) □ FedEx Standard Overnight Shipping \$30 (Image will arrive on a CD) □ Personal FedEx Account, No □ Personal FTP Upload: (Do not check if you do not have a FTP) Host Name: 		
	Username:		
·	Password: Note: MdHS does not upload to FTP replacement web sites. Iders are not processed until payment has been received) Check (Please do not send check until contacted by staff) Credit card (Discover, Mastercard, Visa, and American Express) CCV Code:		
Account Number:	Expiration Date:/		
Non-profit Tax ID Numb	per:(Commercial fees will apply if not provided)		
PROJECT INFORMATION – FILL OUT <u>ONLY</u> IF YOU ARE SEEKING PERMISSIONS			
Medium(s):	Author/Designer:		
Title of Medium:			
Publisher Name & Addre	ess:		
Expected Date of Publication/Exhibit:			
Size of Print Run/Exhibit:			
Languages/Geography: _			
Image Placement and Siz	e:		
URL if Publishing on Web:			

IMAGE REPRODUCTION INFORMATION

Note: The Department of Imaging Services provides digital reproductions of items in the collection. We do not provide printed reproductions.

Item ID: Author/Artist:			
Title:			
Collection: Da	nte:		
Type of Reproduction Requested (please check one):			
☐ DIGITAL FILE : DPI SIZE YOU WOULD LIKE TO REQUEST:	JPG 🗖 TIFF		
□ PERMISSION ONLY			
Item ID: Author/Artist:			
Title:	_		
Collection: Da	nte:		
Type of Reproduction Requested (please check one):			
□ DIGITAL FILE : DPI SIZE YOU WOULD LIKE TO REQUEST:			
□ PERMISSION ONLY			
Item ID: Author/Artist:			
Title:			
Collection: Da	nte:		
Type of Reproduction Requested (please check one):			
☐ DIGITAL FILE : DPI SIZE YOU WOULD LIKE TO REQUEST:	□ JPG □ TIFF		
□ PERMISSION ONLY			