

Digital Press Print Order

United Promotions, Inc.

433 Lawton Road
Charlotte, NC 28216
24 Hr. (704) 391-2992
Fax (704) 391-2902

P.O. Box 668268
Charlotte, NC 28266-8268
Toll Free (800) 362-4441
www.upilab.com

Limit of Liability
Submitting any tangible or electronic media, image, data, file, card, disc, device, film, print, slide or negative for any purpose, such as processing, printing, duplication, alteration, enlargement, storage, transmission, or other handling, constitutes an **AGREEMENT** that any loss or damage to it by our company, subsidiary or agents, even though by our negligence or other fault, will only entitle you to replacement with an equivalent quantity/size of unexposed photographic film or electronic media, and processing of the replacement media. Except for such replacement, our acceptance of the media, image, data, file, card, disc, device, film, print, slide or negative is without other liability, and recovery for any incidental or consequential damages is excluded. No express or implied warranty is provided. We recommend that you keep a copy of the original files or store your film safely as we cannot guarantee the safe keeping of all files. United Promotions cannot be responsible for software you download or purchase to communicate with the lab.

CUSTOMER # _____ Telephone # () _____ Email _____

STUDIO NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

SHIP TO: NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

JOB IDENTIFICATION _____

DATE JOB SHOT _____ DATE JOB DUE TO SHOW _____

LAB USE ONLY

JOB # _____

OJN # _____

CUST # _____

SHIP DATE _____

DATE PROOF SENT _____

Shipping Methods

MAIL	UPS				BUS	FEDEX				PICKUP AT LAB
Postal Service	Next Day Air	Next Day Air Saver	2nd Day	3 Day Select	Ground	Priority One	Standard Overnight	Economy	Saver	

PAYMENT INFORMATION

Check COD Visa Mastercard Amex
MO/CK. # _____
(Do Not Put Card # - Please call Accounting)
Preppay Amount: _____

DIGITAL PRESS PRINTING

IMPORTANT: Filling out the digital press print order completely will aid in expediting the production of your order.

*** See instructions on back of print order ***

ORDER DESCRIPTION

(Please provide a brief description of your order. This is to help us correctly identify your order.)

QUANTITY: _____

Order being submitted via: UPress FTP email Fax Other

Proof requested?: Hard Copy Proof Digital (PDF) Proof None Needed

BOOKS (please fill out this section for book orders only)

PAGE COUNT: _____ (not including covers)

BOOK SIZE: BINDING STYLE: COVER STOCK: UV COATING:

8.5" x 11" Saddle-Stitched 100# Gloss No

5.5" x 8.5" Black Plastic Coil 100# Linen Yes

Other 100# Pearl

CALENDARS (please fill out this section for calendar orders only) 24 Pages

BINDING STYLE: Saddle-Stitched Black Plastic Coil 28 Pages

32 Pages

FOLDED CARDS (please fill out this section for folded card orders only)

CARD SIZE: CARD STOCK: UV COATING:

5" x 7" 100# Gloss No

Other 100# Linen Yes

100# Pearl

FLAT DUPLEX CARDS (please fill out this section for flat duplex card orders only)

CARD SIZE: CARD STOCK: UV COATING:

5" x 7" 100# Gloss No

6" x 9" 100# Linen Yes

Other 100# Pearl

PLEASE SEE REVERSE SIDE

for additional information or to include special instructions

2" x 3.5" BUSINESS CARDS

(please fill out this section for business card orders only)

CARD STOCK: UV COATING:

100# Gloss No

100# Linen Yes

100# Pearl

11" x 17" POSTERS

(please fill out this section for 11x17 poster orders only)

PAPER STOCK: UV COATING: 2-SIDED:

100# Gloss No No

100# Linen Yes Yes

100# Pearl

8.5" x 11" BROCHURES

(please fill out this section for brochure orders only)

STYLE:

Bi-Fold (4 - 5.5" x 8.5" panels)

Tri-Fold (6 - 3.6" x 8.5" panels)

ACCORDION CARDS

(please fill out this section for accordion card orders only)

CARD STOCK: UV COATING: SIZE

100# Gloss No 2 3/4 x 3 5/8

100# Linen Yes (6 Panels)

100# Pearl 4 1/4 x 5 1/2

(4 Panels)

BOOKMARKS

(please fill out this section for bookmark orders only)

CARD STOCK: UV COATING:

100# Gloss No

100# Linen Yes

100# Pearl

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CUSTOMER # _____ Telephone # (____) _____ Email _____

STUDIO NAME _____ (Where you can be reached)

STREET _____

CITY _____ STATE ____ ZIP _____

SHIP TO: NAME _____

STREET _____

CITY _____ STATE ____ ZIP _____

JOB IDENTIFICATION _____

DATE JOB SHOT _____ DATE JOB DUE TO SHOW _____

Shipping Instructions: (Please Check One)

MAIL		UPS				BUS	FEDEX				PICKUP AT LAB
Postal Service	Next Day Air	Next Day Air Saver	2nd Day	3 Day Select	Ground		Priority One	Standard Overnight	Economy	Saver	
# CDs	# Images	# Rolls	Film Size	Photographer							

Estimated Sittings _____

Edit to _____ Pose(s)

Check here if package list is attached.

PACKAGES

- Pkg. 1 _____
- Pkg. 2 _____
- Pkg. 3 _____
- Pkg. 4 _____
- Pkg. 5 _____
- Pkg. 6 _____
- Pkg. 7 _____
- Pkg. 8 _____
- Pkg. 9 _____
- Pkg. 10 _____

ID CARDS

Additional Information for ID Cards:

- School Name
- School Year
- Student Address
- Student ID
- S.S. Number
- Other _____
- Home Phone
- Emergency Phone
- Teacher Name
- Grade
- Homeroom

School Name: _____

School Year: _____

Principal: _____

School Logo Included: Yes No

GROUPS, BIG PRINTS & QUANTITY PRINTS

Please include text file or stats sheet and run sheets for proper identification. Limit text to 25 characters per line.

Size: _____

Group Border Options:

- Group Overlay
- Personalized Names
- Brushed Metal
- Water
- With Logo
- Polished Copper
- Marble
- Wood Grain

Overlay Info:

Special Instructions:

Supplies Needed: Rush! / Ship Now Ship With This Order

LAB USE ONLY

JOB # _____

OJN # _____

CUST # _____

SHIP DATE _____

DATA BACKS _____

SITTING CARDS _____

PROOF(S) _____

ADDITIONAL SERVICES

- 3½ Buttons/Mirrors/Magnets
- Admission Tickets
- Bag Tags & Key Tags
- Banner Prints
- Big Prints
- Calendars
- Die Cut Wallets
- Digital Retouching
- Fun Packs
- Fun Posters
- Gold or Silver Foil Stamping
- Greeting Cards
- Groups
- Groupmates
- ID Cards
- Individual Photo Magnets
- Laminating
- License Plate
- Locker Prints
- Magazine Covers
- Memorymates
- Mouse Pads
- Mugs
- Pennants
- Photo Balls
- Photo Magnet Cutout
- Print Mounting
- Proof Booklets
- Puzzles
- Statuettes
- Sticker Prints
- T-Shirts
- Templates
- Texturing
- Trader Cards
- Laser Photo Image Etching
- Other: _____

PAYMENT INFORMATION

Check COD Visa Mastercard Amex
MO/ CK. # _____
(Do Not Put Card # - Please call Accounting)

Prepaid Amount: _____

Amount Received: _____
(By Lab)

Received By: _____

INSTRUCTIONS for completing a DIGITAL PRINT ORDER

For your personal records keep a copy of this and completed order forms. When you call to inquire about the production status of this job you will need your 4 digit customer #.

1. Fill out the customer information completely. Be sure to put your telephone number and email address where you can be reached for questions.
2. Fill out the Shipping Instructions that apply to your order.
3. Please completely fill out the number of CDs, Images, Rolls, Film size and photographers name.
4. Packages - Please write in detailed information about your package contents for your order. How many? What sizes? Etc...
5. Groups, Big Prints and Quantity Prints - Include a text file or stat sheet and run sheets for proper identification. Limit text to 27 characters per line. Please indicate the Print Size and Border options.
6. Please refer to the CD/DVD Order Form for a Yearbook or School Administrative CD for additional instructions.
7. ID Cards - Please fill this section out completely. If a logo is needed for the ID Card, please send a clear image via Email, CD or Floppy Disk. Please attach a layout design of the ID Card.
8. Additional Services - Check all additional services you would like for your order.
9. Special Instructions - Write or type any special instructions in this section. If there is not enough room, please attach a sheet with the order form.

CD/DVD Print Order

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CUSTOMER # _____ Telephone # () _____ Email _____

LAB USE ONLY

STUDIO NAME _____

JOB # _____

STREET _____

OJN # _____

CITY _____ STATE _____ ZIP _____

CUST # _____

SHIP TO: NAME _____

SHIP DATE _____

STREET _____

DATE PROOF SENT _____

CITY _____ STATE _____ ZIP _____

JOB IDENTIFICATION _____

DATE JOB SHOT _____ DATE JOB DUE TO SHOW _____

Shipping Methods

PAYMENT INFORMATION

MAIL	UPS			BUS	FEDEX			PICKUP AT LAB		
Postal Service	Next Day Air	Next Day Air Saver	2nd Day	3 Day Select	Ground	Priority One	Standard Overnight	Economy	Saver	

Check COD Visa Mastercard Amex
MO/CK. # _____
(Do Not Put Card # - Please call Accounting)
Prepay Amount: _____

CD/DVD TYPES & OPTIONS

IMPORTANT: Filling out the CD/DVD print order completely will aid in expediting the production of your CD/DVD's.

* See instructions on back of print order *

TYPE OF SHOOT

First Shoot Retakes Staff Only

(CD/DVDs should be ordered after absentees have been shot and submitted)

CD/DVD LABEL

(Please print or type exact title)

SCHOOL NAME: _____

Yearbook Co. or Type of CD: _____ Your Company: _____

SCHOOL ADMINISTRATIVE CD/DVDs

School Image Software SSTS 2000
 SASI (For Mac) SASI XP
 Other: _____

Color B&W _____ QTY

Sort images and data on CD/DVD by:

Grade Homeroom
 Teacher Other

YEARBOOK CD/DVDs

Jostens Herff Jones
 Lifetouch (PMAI) Walsworth
 Other: _____

Color B&W _____ QTY

Sort images and data on CD/DVD by:

Grade Homeroom
 Teacher Other

IMAGE ONLY CD/DVDs

Hi Res Low Res

Color B&W

_____ QTY

Special Instructions: _____

INSTRUCTIONS for completing a CD/DVD PRINT ORDER

For your personal records keep a copy of this and completed order forms. When you call to inquire about the production status of this job you will need your 4 digit customer #.

1. Fill out this section completely.
 - 1a. List the school name on the Job Identification line.
 - 1b. Be sure to put your telephone number and email address where you can be reached for questions.
2. Circle which type of shoot you are sending.
3. Fill out the shipping instructions on your order.
4. Please indicate the type of CD-ROM you are needing for your school.
 - 4a. If the name of the CD company is not listed please write in the correct company on the Other line.
 - 4b. Fill in quantity amount and be sure to include for any additional copies.
 - 4c. Indicate if you want the images on CD/DVDs in Black & White or Color.
 - 4d. Specify the sorting of images and data by grade, teacher, homeroom or other for the CD/DVD.
5. Please let us know what you would like the label on the CD/DVD to display.
 - 5a. School Name or Yearbook Publisher's name.
 - 5b. Yearbook or CD type.
 - 5c. Your company name or a contact person at the school.
6. Please write any special instructions needed for this order. If there is not enough space, attach a separate sheet with the order form for further instructions.

Indexing Indexing is a way of linking personal data (names, ID numbers, grade, etc.) to image files. We encourage our customers to obtain a text file from the school that contains Student Names, Grade, Homeroom, Teacher/Staff and any other information you will need to complete the order. You may submit a comma separated text file or Excel file in shoot order. We will not accept hand written out of shoot order without prior approval from our Digital Dept. Send original shoot with absentees.

*EXAMPLE of an Excel file:

	A	B	C	D	E	F	G	H	I	J
1	ShootID	LastName	FirstName	Homeroom	Grade	Teacher				
2	1001	De Sota	John	B-206		6 Riley				
3	1002	Galley	Barbara	B-206		6 Riley				
4	1003	Deter	Jacob	B-206		6 Riley				
5	1004	Williams	Jason	B-206		6 Riley				
6	1005	Jacobson	Wilma	B-206		6 Riley				

- Additional fields:*
- School Name
 - School Year
 - Student Address
 - Barcode
 - Student ID
 - S.S. Number
 - Home Phone
 - Emergency Phone
 - * other

* Indicate the additional field of data needed on the Digital Work Order

Composite Print Order

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CUSTOMER # _____ Telephone # (____) _____ Email _____

LAB USE ONLY

STUDIO NAME _____

JOB # _____

STREET _____

OJN # _____

CITY _____ STATE _____ ZIP _____

CUST # _____

SHIP TO: NAME _____

SHIP DATE _____

STREET _____

CITY _____ STATE _____ ZIP _____

DATE PROOF SENT _____

JOB IDENTIFICATION _____

DATE JOB SHOT _____ DATE JOB DUE TO SHOW _____

Shipping Methods

MAIL	UPS				BUS	FEDEX				PICKUP AT LAB
Postal Service	Next Day Air	Next Day Air Saver	2nd Day	3 Day Select	Ground	Priority One	Standard Overnight	Economy	Saver	

PAYMENT INFORMATION

Check COD Visa Mastercard Amex
MO/ CK. # _____
(Do Not Put Card # - Please call Accounting)
Preppay Amount: _____

COMPOSITES

IMPORTANT: Filling out the composite print order completely will aid in expediting the production of your composites.

* See instructions on back of print order *

COMPOSITE TITLE

(Please print below exactly what should appear in the title box or attach info to order form)

SCHOOL NAME: _____

City: _____ State: _____

Principal/Director: _____

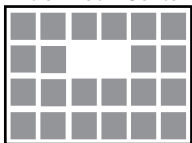
Teacher(s): _____

Grade: _____ Year: _____

- | <u>Size</u> | <u>Quantity</u> |
|------------------------------------|-----------------|
| <input type="radio"/> 5x7 | _____ |
| <input type="radio"/> 8x10 | _____ |
| <input type="radio"/> 10x13 | _____ |
| <input type="radio"/> 11x14 | _____ |
| <input type="radio"/> 16x20 | _____ |
| <input type="radio"/> 20x30 | _____ |
| <input type="radio"/> Other: _____ | _____ |

COMPOSITE LAYOUT & THEME

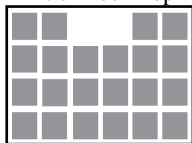
Title Block Center



Horizontal



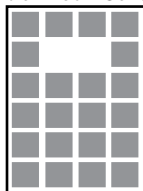
Title Block Top



Horizontal



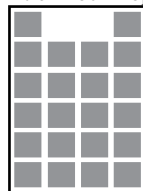
Title Block Center



Vertical



Title Block Top



Vertical



IMAGE MASK

- Oval Square Rounded Corners

ARRANGE IMAGES

- Alphabetical Order Shoot Order
 Teachers/Staff first Teachers/Staff last

SPECIAL NOTE

If you have an image or a logo you would like to put in the title please check here. (see directions)

If you would like more text than what is listed please check here and include separate sheet with Composite Order Form.

INDEXING

- Data matched Camera Cards (In shoot order)
 Text File (In shoot order)
 Text File-Not in shoot order (lab approval only)

STUDENT NAMES

- Alphabetical Order Shoot Order
 No names Other: _____

BACKGROUNDS

- Black White Chalkboard Clouds Pencils
 Custom (see instructions on back of print order)

FONTS
(Arial is default)

- Arial Black Modern Courier New Times New Roman
 Old Text Other: _____

FONT STYLE

- Regular Italic Bold Bold Italic

INSTRUCTIONS for completing a COMPOSITE ORDER FORM

For your personal records keep a copy of this and completed order forms. When you call to inquire about the production status of this job you will need your 4 digit customer #.

- Original Shoot and Retake Shoot must be included when ordering Composites.
 - Send original, uncropped images in shoot order.
 - Make corrections to Proofs clear and precise.
1. Customer Information: Fill out this section completely. List the school name on the Job Identification line. Be sure to put your telephone number and email address where you can be reached for questions.
 2. Shipping: Fill out the shipping instructions that apply to your order.
 3. Composite Title: Print or type exact title to be used for composites.
 4. Size and Quantity: Check the Print Size and Quantities for each composite. If there is a specific print size not listed check Other and write or type size and quantity.
 5. Layout and Theme: Check the circle for the Layout and Theme of your composite.
 - 5a. Backgrounds: Choose your Background. If you would like a custom composite, attach all information with the Composite Order form. There is a Custom Composite Setup Charge per class. Please call lab for more information.
 - 5b. Font: Select your font for your composites. If you would like a different font other than the listed selection, check other and write your font.
 - 5c. Font Style: Check the circle for your font style here.
 - 5d. Mask: Choose Oval or Square for the images in the composites.
 6. Arrange Images: Check how you would like the order of the images to appear on the composites.
 7. Special Note: Send via email, floppy disk or CD/DVD a clear photocopy of the logo you would like to go on your title for the composite along with special instructions attached to the order form.
 8. Indexing: Select which option applies to you. Camera Cards must be in shoot order. Text Files in shoot order must come to lab via email, floppy disk or CD/DVDs. Text Files out of shoot order are by lab approval only. There is a fee for each name manually entered.
 9. Staff Placement: Check the circle that applies to you. Please attach any additional instructions you may have for Staff Placement with Composite Order Form.
 10. Student Names: Check Alphabetical Order for Composite with Student Names. Check Without Names if Composite does not need Student Names. Send a file by email, floppy disk or CD/DVD format with student data.

Wedding, Senior, Studio & Reorders

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Charlotte, NC 28266-8268

CUSTOMER # _____ Telephone # (____) _____ Email _____
(Where you can be reached)

STUDIO NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

SHIP TO: NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

Shipping Instructions: (Please Check One)

MAIL		UPS			BUS		FEDEX			PICKUP AT LAB
Postal Service	Next Day Air	Next Day Air Saver	2nd Day	3 Day Select	Ground		Priority One	Standard Overnight	Economy	Saver

JOB IDENTIFICATION _____

DATE JOB SHOT _____ DATE JOB DUE TO SHOW _____

# CDs	# Images	# Rolls	Film Size	Photographer

Wedding • Candid • Studio PROOFS	Wedding • Candid • Studio PRINT ORDERS	SENIORS
<input type="checkbox"/> PROOFS <input type="checkbox"/> 2 1/2 X 3 1/2 <input type="checkbox"/> 3 1/2 X 5 <input type="checkbox"/> 4 X 5 <input type="checkbox"/> 5 X 5 <input type="checkbox"/> 5 X 7 <input type="checkbox"/> 8 X 10 <input type="checkbox"/> Duplicate Proof <input type="checkbox"/> Cut film & bag <hr/> <input type="checkbox"/> PROOF PACKAGE SPECIALS (from roll film or digital images) DEFINE UNITS _____ _____ _____	# of Negatives _____ # of Rolls _____ # of Strips _____ <input type="checkbox"/> Wedding, Candid, Studio Orders _____ # of Negs	<input type="checkbox"/> PROOFS <input type="checkbox"/> Fixed Lighting Proofs <input type="checkbox"/> Variable Lighting Proofs <input type="checkbox"/> Cut Neg Proofs <input type="checkbox"/> SENIOR ORDERS _____ # of Cut Negs <hr/> REORDERS _____ # of Negs

Special Instructions: _____

Supplies Needed: Rush! / Ship Now Ship With This Order

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LAB USE ONLY			
JOB #	_____		
OJN #	_____		
CUST #	_____		
SHIP DATE	_____		
SITTING CARDS	_____		
PROOF(S)	_____		
Order Entry	Breakdown	Editing	Printing
Packing	Final Inspect	Billing	Shipping

ADDITIONAL SERVICES
<input type="checkbox"/> 48 Wallet Special
<input type="checkbox"/> 96 Wallet Special
<input type="checkbox"/> Album(s)
<input type="checkbox"/> Album Inserts
<input type="checkbox"/> Artwork
<input type="checkbox"/> Big Prints
<input type="checkbox"/> Calendars
<input type="checkbox"/> Canvas Gallery Wrap
<input type="checkbox"/> Die Cut Wallets
<input type="checkbox"/> Digital Photo CD (specify type)
<input type="checkbox"/> Digital Retouching
<input type="checkbox"/> Gold or Silver Foil Stamping
<input type="checkbox"/> Greeting Cards
<input type="checkbox"/> Foam Board
<input type="checkbox"/> Lamination
<input type="checkbox"/> Locker Prints
<input type="checkbox"/> Magnets
<input type="checkbox"/> Matte Spray
<input type="checkbox"/> Mount Board
<input type="checkbox"/> Mouse Pads
<input type="checkbox"/> Overlay
<input type="checkbox"/> Panel Mount
<input type="checkbox"/> Proof Booklet
<input type="checkbox"/> Senior School Service Items
<input type="checkbox"/> Stretcher Frame
<input type="checkbox"/> Templates
<input type="checkbox"/> Texturing
<input type="checkbox"/> Laser Photo Image Etching
<input type="checkbox"/> Other: _____

PAYMENT INFORMATION
Check COD Visa Mastercard Amex MO/ CK. # _____ (Do Not Put Card # - Please call Accounting)
Prepaid Amount: _____
Amount Received: _____ (By Lab)
Received By: _____

Package Print Order

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CUSTOMER # _____ Telephone # (____) _____ Email _____
(Where you can be reached)

STUDIO NAME _____

STREET _____

CITY _____ STATE ____ ZIP _____

SHIP TO: NAME _____

STREET _____

CITY _____ STATE ____ ZIP _____

Shipping Instructions: (Please Check One)

MAIL	UPS					BUS	FEDEX				PICKUP AT LAB
Postal Service	Next Day Air	Next Day Air Saver	2nd Day	3 Day Select	Ground		Priority One	Standard Overnight	Economy	Saver	

JOB IDENTIFICATION _____

DATE JOB SHOT _____ DATE JOB DUE TO SHOW _____

NO. OF ROLLS	FILM SIZE	FILM TYPE	PHOTOGRAPHER NAME

ORDER TYPE	PACKAGES
<input type="checkbox"/> MULTIPLE POSE PACKAGES (Glamour, Dpt. Stores, Family Portraits, Churches, Fund Raising, etc.) <input type="checkbox"/> PORTRAIT PROOF ORDERS (Passing Proofs and taking orders) _____ Size Proof <input type="checkbox"/> Orders from proofs. <input type="checkbox"/> SCHOOLS <input type="checkbox"/> 2x3 Proofs on Envelope <input type="checkbox"/> Dance-Prom <input type="checkbox"/> Pack in School Envelope <input type="checkbox"/> School Price Insert Copy Attached <input type="checkbox"/> SPORTS <input type="checkbox"/> REORDERS	Estimated Sitzings _____ Edit to _____ Pose(s) PACKAGE CONTENTS <input type="checkbox"/> Check here if package list is attached. Pose 1 _____ _____ Pose 2 _____ _____ Pose 3 _____ _____ Pose 4 _____ _____ Pose 5 _____ _____

Special Instructions: _____

Supplies Needed: Rush! / Ship Now Ship With Order

LAB USE ONLY

JOB # _____

OJN # _____

CUST # _____

SHIP DATE _____

DATA BACKS _____

SITTING CARDS _____

PROOF(S) _____

Order Entry	Breakdown	Editing	Printing
Packing	Final Inspect	Billing	Shipping

ADDITIONAL SERVICES

- 3½ Buttons/Mirrors/Magnets
- Admission Tickets
- Bag Tags & Key Tags
- Die Cut Wallets
- Digital Retouching
- Fun Packs
- Greeting Cards
- Groups
- ID Cards
- Individual Photo Magnets
- Laminating
- License Plate
- Locker Prints
- Key Chains
- Magazine Covers
- Memorymats
- Mouse Pads
- Mugs
- Photo Balls
- Photo Magnet Cutout
- Print Mounting
- Proof Booklets
- School CDs
- Service Items
- Statuettes
- Sticker Prints
- T-Shirts
- Texturing
- Tote Bags
- Fun Posters
- Laser Photo Image Etching
- Other: _____

PAYMENT INFORMATION

Check COD Visa Mastercard Amex
 MO/CK. # _____
 (Do Not Put Card # - Please call Accounting)

Prepaid Amount: _____

Amount Received: _____
 (By Lab)

Received By: _____

P.O. Box 668268
 Charlotte, NC 28266-8268
 Phone (704) 391-2992
 (800) 362-4441
 Fax (704) 391-2902
 www.upilab.com

RUN SHEET

UNITED PROMOTIONS, INC.

433 Lawton Road
 Charlotte, NC 28216

Canon's EOS/ELPH
 users check here.

ROLL #

Use one Run Sheet
 for each roll of film

Studio Name _____ **Job ID** _____

Customer Number _____

Please list package information on the back!

FRAME #	Overlay Information:	PACKAGE -A	PACKAGE -B	PACKAGE -C	PACKAGE -D	PACKAGE -E	PACKAGE -F	Extra Pkgs. or Add-ons				GROUP <small>(size)</small>	GROUPMATE <small>(size)</small>	TRADER CARDS <small>(set of)</small>	8x10 MAG COVER
	NAME														
1															
2															
3															
4															
5															
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36															

United Promotions, Inc

Phone (704) 391-2992

(800) 362-4441

Fax (704) 391-2902

433 Lawton Rd. Charlotte, N.C. 28216
www.upilab.com

Use This Page for Defining Your Package Contents

Use one Run Sheet for each roll of film

Package A	Package B	Package C	Package D	Package E

Package F				

United Promotions, Inc.

CHECK ACCEPTANCE APPLICATION

COMPANY NAME

STREET ADDRESS FOR COMPANY

LAST NAME (OWNER / OFFICER)

FIRST NAME

MIDDLE

HOME STREET ADDRESS

CITY AND STATE

ZIP CODE

BUSINESS PHONE NUMBER

HOME PHONE NUMBER

DRIVERS LICENSE NUMBER

ISSUING STATE

SOCIAL SECURITY NUMBER

MALE / FEMALE

DATE OF BIRTH

CUSTOMER'S SIGNATURE (OWNER / OFFICER)

*** PLEASE LIST THE FOLLOWING CREDIT REFERENCES BELOW ***

CREDIT CARD (1)

ACCOUNT NUMBER

EXPIRATION DATE

NAME AND ADDRESS OF ISSUING BANK

CREDIT CARD (2)

ACCOUNT NUMBER

EXPIRATION DATE

NAME AND ADDRESS OF ISSUING BANK

BUSINESS CHECKING

ACCOUNT NUMBER

HOW LONG

NAME AND ADDRESS OF ISSUING BANK

PERSONAL CHECKING

ACCOUNT NUMBER

HOW LONG

NAME AND ADDRESS OF ISSUING BANK

SAVINGS OR LOANS

ACCOUNT NUMBER

HOW LONG

NAME AND ADDRESS OF ISSUING BANK

THE UNDERSIGNED AUTHORIZES INQUIRY AS TO CREDIT INFORMATION FOR CHECK APPROVAL.
WE FURTHER ACKNOWLEDGE THAT CHECK PRIVILEGES, IF GRANTED, MAY BE WITHDRAWN AT ANY TIME.

DATE

SIGNATURE (OWNER / OFFICER)

TITLE

Post Office Address:

P.O. Box 668268
Charlotte, NC 28266-8268

Street Address:

433 Lawton Rd.
Charlotte, NC 28216-3317

Internet Address:

www.upilab.com
sales@upilab.com

Telephone:

24 hr. - (704) 391-2992
Toll Free - (800) 362-4441
Fax - (704) 391-2902

FOLD HERE

FOLD HERE

PLACE
STAMP
HERE

United Promotions, Inc.
P.O. Box 668268
Charlotte, N.C. 28266-8268

Streamlined Sales and Use Tax Agreement

Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- 1** Check if you are attaching the Multistate Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
- 2** Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3 Please print

Name of purchaser _____

Business address _____ City _____ State _____ Zip code _____

Purchaser's tax ID number _____ State of issue _____ Country of issue _____

If no tax ID number, enter one of the following:	FEIN	Driver's license number/ <i>state of issue</i> State issued ID number <i>number</i>	Foreign diplomat number
--	------	---	-------------------------

Name of seller from whom you are purchasing, leasing, or renting _____

Seller's address _____ City _____ State _____ Zip code _____

4 Type of business. Check the number that describes your business.

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing, and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (<i>explain</i>) _____ |

5 Reason for exemption. Check the letter that identifies the reason for the exemption.

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (<i>department</i>) _____ | <input type="checkbox"/> H Agricultural production # _____ |
| <input type="checkbox"/> B State _____ government (<i>name</i>) _____ | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (<i>name</i>) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct mail # _____ |
| <input type="checkbox"/> G Resale # _____ | <input type="checkbox"/> L Other (<i>explain</i>) _____ |

6 Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
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Streamlined Sales and Use Tax Agreement

Certificate of Exemption: Multistate Supplemental

Name of purchaser

State	Reason for exemption	Identification number (if required)
AR*	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
RI	_____	_____
OK	_____	_____
SD	_____	_____
TN*	_____	_____
UT	_____	_____
VT	_____	_____
WV	_____	_____
WY	_____	_____

*SSUTA Direct Mail provision is not in effect for Arkansas and Tennessee.

Streamlined Sales and Use Tax Agreement

Certificate of Exemption Instructions

Use this form to claim exemption from sales tax on purchases of otherwise taxable items. The purchaser must complete all fields on the exemption certificate and provide the fully completed certificate to the seller in order to claim exemption.

Warning to purchaser: You are responsible for ensuring that you are eligible for the exemption you are claiming. You will be held liable for any tax and interest, and possibly penalties imposed by the member state due the tax on your purchase, if the purchase is not legally exempt.

Purchaser instructions for completing the exemption certificate

1. Some purchasers may wish to complete a single certificate for multiple states where they conduct business and, regularly, make exempt purchases from the same seller. If you do, check the box on the front of the SSUTA Certificate of Exemption to indicate that you are attaching the *Multistate Supplemental* form on page 2.

CAUTION: Certificates completed with a multistate supplement may include non-member states of the SST Governing Board, provided those states have agreed to accept the SSUTA Certificate of Exemption. Both sellers and purchasers **MUST BE AWARE** that these additional non-member states may not have adopted the SSUTA provisions for Direct Mail. Additionally, completion of this certificate in its entirety may not fully relieve the seller from liability unless non-member states' requirements have been met.

If you are not attaching the *Multistate Supplemental* form, enter the two-letter postal abbreviation "NC" in the boxes provided if you are claiming an exemption from sales and use tax imposed by the State of North Carolina. If you are claiming an exemption from more than one member state, complete the *SSUTA Certificate of Exemption: Multistate Supplemental* form.

2. **Single purchase exemption certificate:** Check this box if this exemption certificate is being used for a single purchase. Include the invoice or purchase order number for the transaction.

If this boxed is not checked, this certificate will be treated as a blanket certificate. A blanket certificate continues in force so long as the purchaser is making recurring purchases (*at least one purchase within a period of twelve consecutive months*) or until otherwise cancelled by the purchaser.

3. **Purchaser information:** Complete the purchaser and seller information section, as requested. An identification number for you or your business must be included. Include your North Carolina sales and use tax account ID number or North Carolina sales and use tax exemption number, as appropriate. If a transaction does not require the use of a registration or exemption number, enter the Federal Employer Identification Number (FEIN) issued to your business, or if no FEIN is required, enter your personal driver's license number and the state that it is issued by. Foreign diplomats and consular personnel must enter the individual tax identification number shown on the sales tax exemption card issued to you by the United States Department of State's Office of Foreign Missions.

Multistate Purchasers: The purchaser should enter its headquarters address as its business address.

4. **Type of business:** Circle the number that best describes your business or organization. If none of the categories apply, circle number 20 and provide a brief description.
5. **Reason for exemption:** Circle the exemption that applies to your business and enter the additional information requested for that exemption. If the member state that is due tax on your purchase does not require the additional information requested for the exemption reason code circled, enter "NA" for not applicable on the appropriate line. If an exemption that is not listed applies, circle "L Other" and enter an explanation. The explanation for "L Other" must include a clear and concise explanation of the reason for the exemption claimed.

Streamlined Sales and Use Tax Agreement

Certificate of Exemption Instructions - Continued

Multistate Purchasers: Attach the *SSUTA Certificate of Exemption: Multistate Supplemental* form and indicate the applicable reason for exemption and identification number (if required) for each of the additional states in which the purchaser wishes to claim exemption from tax.

CAUTION: The exemptions listed are general exemptions most commonly allowed by member states. However, each state's laws governing exemptions are different. Not all of the reasons listed may be valid exemptions in the state in which you are claiming exemption. In addition, each state has other exemptions that are not listed on this form. To determine what sales and use tax exemptions are allowed in a particular state refer to the state's web site or other information available relating to their exemptions.

For information on exemption certificate procedures and exemption number requirements in North Carolina, see Section 52 of the Sales and Use Tax Technical Bulletins which can be found on the Department's website at www.dorncc.com, or you may contact the Taxpayer Assistance Division at 1-877-252-3052 (toll free).

Seller: You are required to maintain proper records of exempt transactions and provide those records to Member states of the SST Governing Board, Inc., when requested. These certificates may be provided in paper or electronic format. If a paper exemption certificate is not forwarded by the purchaser, but instead the data elements required on the form are otherwise captured by the seller, the seller must maintain such data and make it available to Member states in the form in which it is maintained by the seller.

You are relieved of the responsibility for collecting and remitting sales tax on the sale or sales for which the purchaser provided you with this exemption certificate, even if it is ultimately determined that the purchaser improperly claimed an exemption, provided all of the following conditions are met:

1. All fields on the exemption certificate are completed by the purchaser or the required information is captured and maintained;
2. The fully completed exemption certificate (or the required information) is provided to you at the time of sale or as otherwise provided by Section 317 of the SSUTA;
3. If the purchaser is claiming an entity-based exemption (i.e., an exemption based on who the purchaser is), the state that would otherwise be due the tax on the sale allows the specific entity-based exemption claimed by the purchaser if the purchase was made at a sale at a location operated by the seller within that state;
4. You do not fraudulently fail to collect the tax due; or
5. You do not solicit customers to unlawfully claim an exemption.