

Ron Carroll

DESIGNER PORTRAIT IMAGES

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Archival Album Approval Form

Do not fax this form back to us!
We must have the original form mailed.

Name: _____

Bride's Maiden Name: _____

Address: _____

City, State, Zip: _____

Wedding Date: _____

Telephone: _____

Home:

Work: _____

Cell: _____

Email Address: _____

If this form is not completed and returned within seven (7) days of the notification that album design is online that the design will be considered approved and production of the finished album will proceed. After which time, absolutely no changes can be made.

I, _____, do hereby approve the design of my Archival Album as presented to me. I further understand that the finished album will take approximately 8 weeks from the date I complete and return this form and no further changes can be made at that time.

Signed

Date

I wish to make the following changes to my Archival Album, knowing full well that I will be billed for any changes that I make. *I understand that any additional costs for making changes must be paid in full in advance of the changes being made:* _____

Continue on rear of sheet if needed.