

## Visual Materials: Request for Permission to Publish

## Send completed Request & Payment forms via one of the following methods:

Email: celeste.wiley@schsonline.org  Phone: (843) 723-3225, ext. 116	Post:	South Carolina Historical Society Archives 205 Calhoun Street, Rm. 340 Charleston, SC 29424		
		Attn: Visual M	laterials	
Requested by:		Affiliation:		
Address:				
Phone:	Email:	:		
Please list details of the images you are requ	uesting for your project	t <b>:</b>		
image title/name	image source/collection/number		description	
Project Description:				
Working Title:				
Publisher:				
Expected Publication Date:			n & cover price: #	
Please check one:	□ Non-profit	□ For-profit	□ Other	
Please check all that apply:   □ Electron	onic Publication (e-E	Book) □ Com	nmercial Web Use	□ Social Media
	Do Not Write Belo	ow This Line		
A managed Day				
Approved By: Signature	Title			Date



## Visual Materials: Payment Information

## **Submit completed Payment Information Form with completed Request Form(s):**

Payer Contact Information:			
Name:	<u>Email</u> :		
Address:	Phone:		
City:	<u>State</u> : <u>Zip</u> :		
Method of Payment (check one): □ Check	k □ Credit Card (Visa/MC/AmEx/Disc)		
Credit Card Number:	Expiration:		
Name as on Card:	<u>CVC</u> :		
Signature	Date		