



PHOTOMOB DIY ENVELOPE

FOLD THE TOP SECTIONS TOGETHER, AND PLACE PAYMENT INSIDE.



FOLD HERE



The **PhotoMob.com.au**

Pay-on-the-Day Photo Envelope

PLEASE FILL IN AND HAND THIS ENVELOPE TO YOUR PHOTOGRAPHER

PLEASE CHOOSE YOUR PAYMENT TYPE:

To ensure a speedy photo delivery, we use a prepaid envelope system.

- EXACT CASH OR MONEY ORDER IS INSIDE ENVELOPE**
no change can be given; CHEQUES ARE NOT ACCEPTED
- PAYMENT BY CREDIT CARD SLIP** available on the day
or download at www.photomob.com.au/cc
- PREPAY ONLINE (PAYPAL & CC)**
at www.photomob.com.au/prepay ----- PREPAY EMAIL ADDRESS OR REFERENCE
or to paypal@photomob.com.au
- BANK TRANSFER** ----- PAYMENT DATE OR REFERENCE
Acct Name: PhotoMob BSB: 801 009
Acct Number: 100 012 234. Use player surname as reference

PLAYER NAME: _____

CLUB: _____ **AGE/GROUP/TEAM:** _____

CONTACT EMAIL ADDRESS:
(required for digital download) _____

MY PHOTO TIME: _____

email: sports@photomob.com.au
abn: 88 652 850 727

PLEASE CHOOSE YOUR PHOTO PACK(S):

\$25 QTY.

STANDARD PACK INCLUDES:
ONE 20cm by 25cm GROUP PHOTO
+ ONE 15cm by 20cm PORTRAIT
+ TWO POCKET PRINTS (7cm x 5cm)

\$30 QTY.

SHARE PACK
INCLUDES: STANDARD PACK
+ TWO 12cm by 17cm PORTRAITS

\$40 QTY.

PREMIUM PACK
INCLUDES: SHARE PACK
+ TWO 10cm by 15cm PORTRAITS
+ TWO MORE POCKETS + THREE IDs

\$50 QTY.

DELUXE PACK:
INCLUDES: PREMIUM PACK + DOWNLOAD
+ ENLARGEMENT (20cm by 25cm)
+ ONE MORE 15cm by 20cm PORTRAIT
+ TWO MORE 10cm by 15cm PORTRAITS

\$20 QTY.
DIGITAL DOWNLOAD INCLUDES:
HIGH RESOLUTION PORTRAIT & GROUP PHOTO
(link sent to email address given with contact details)

+\$10 QTY.
ADD A DIGITAL DOWNLOAD
TO ANY PHOTO PACK

\$25 QTY.
PHOTO CD
PORTRAIT + GROUP

\$20 QTY.
GROUP PHOTO ONLY
ONE 20cm x 25cm

IF YOU WOULD LIKE TO PAY BY CREDIT CARD, CUT THIS OFF AND PLACE INSIDE. OTHERWISE, JUST CUT IT OFF!



Credit Card Slip

email: info@photomob.com.au | abn: 88 652 850 727

Please complete and place in Pay-on-the-Day Envelope. Credit Card Payments will be processed within 48 hours

Player Name(s) _____ Contact Number: _____

Team(s)/Club: _____ Email: _____

PAYMENT INFORMATION

Name on Card: _____ Card Type: VISA MASTERCARD BANKCARD
(please circle)

Card Number: _____ Expiry Date: ____/____/____

Amount to be Charged: \$ _____

Signature: _____