

## ARCHIVE RESEARCH AND IMAGE REQUEST FORM

## National Railway Museum

Title	Name				
Organisation					
Address					
Town/City		State			
Postcode		Country			
Telephone		Mobile			
Email					
Request (please ✓)	Research Photograph	Photocopy			
REQUEST DETAIL	S				
Description of information or images required. Include reference numbers if known.					

Please turn over

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RESEARCH					
Type (please ✓)	Personal	Study	Publication	Commercial	
Member (please ✓)	Yes	No	Membership No.		
I will be visiting the Mu	ıseum's archive to u	ndertake research			
I require a member of s	staff to undertake re	esearch on my behalf			
Image Use (please ✓)	Personal	Study/research	Online	Commercial	
Media (please ✓)	Digital (jpeg)	300 dpi	150 dpi	72 dpi	
		CD	USB		
(Include quantity if more than one)	Photocopy	A3	A4		
		Colour	B&W		
Delivery (please ✓)	Email (<10Mb)	Post	Collection		
PAYMENT					
Type (please <b>√</b> )	Cheque	EFT	Credit Card		
Cheques EFT	Payable to: National Railway Museum Inc. Send to: PO Box 3153, Port Adelaide SA 5015, Attention Curator - Collections Account Name: National Railway Museum Account No.: 10568495 BSB Code: 065118, please use your name as reference.				
Credit Card	Visa	Mastercard			
	Card Number				
	Name on Card				
	Expiry Date (MM/	YYYY)			
DISCLAIMER					
I have read and unders	tood the condition	s of use defined in the <i>How</i>	v the Museum Can Hel	p You leaflet (please ✔)	
I understand that it is n	ny responsibility to	obtain the appropriate cop	oyright permission bef	ore use (please ✓)	
Signature					
Name (please print)			Date		
OFFICE USE ONLY					
Processed by			Signature		
Order reference no.			Date		

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