



**AERIAL HOTSHOTS**  
14 Westpark Court, Monterey Keys. Qld 4212  
**Phone/Fax:** (07) 5502-3657  
E-Mail: office@aerialhotshots.com.au  
Web: www.aerialhotshots.com.au

**Ground Photography Order Form – 2011**

Property Address/ Land Area: \_\_\_\_\_

**TARGET IDENTIFICATION**

**Vacant Land**  
 cleared  compacted dirt  bushland  vegetated  other \_\_\_\_\_

**Building**  
 Single Factory  Multiple Factory  Single Building  Multiple Building  Warehouse  Residential Home  
 Other \_\_\_\_\_

**Image Requirements**  
 What date do you require the photos by? \_\_\_\_\_  
 What direction does the front of the subject site face (ie. N,E,S,W) \_\_\_\_\_  
 What are your **External** Image Requirements (standard external package includes **8** images)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_  
 8. \_\_\_\_\_

What are your **Internal** Image Requirements (standard internal package includes **7** images)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_



**AERIAL HOTSHOTS**

14 Westpark Court, Monterey Keys. Qld 4212

Phone/Fax: (07) 5502-3657

E-Mail: office@aerialhotshots.com.au

Web: www.aerialhotshots.com.au

**Invoicing, Payment and Delivery Details**

**Requesting Company & Ordering Person Details**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_ (\_\_) \_\_\_\_\_  
Ordering Person Name: \_\_\_\_\_  
Ordering Person Phone: \_\_\_\_ WK: \_\_\_\_\_ MB: \_\_\_\_\_

**Invoicing Details**     Tick here if as above..... (or fill out details below)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Attention of: \_\_\_\_\_  
Telephone: \_\_ (\_\_) \_\_\_\_\_

**Delivery Method**

**Download:** (from our web storage facility @ Box.Net) \_\_\_\_\_

Post DVD to: \_\_\_\_\_

**Payment Terms**    (Please acknowledge payment conditions & terms by ticking relevant boxes below)

I am authorised to order this video and agree to payment.

I am ordering this for a third party and that person or company is aware of this order and agrees to payment.

I acknowledge that payment of the invoice is required 30 Days from date of invoice

Payment will be made by:

A cheque posted to Aerial HotShots or

Electronic Funds Transfer

Signature:.....  
(Name: \_\_\_\_\_)

Date: \_\_\_\_\_

**Please fax completed forms to (07) 5502-3657**