

# AKADEMIE DER KÜNSTE

Körperschaft des öffentlichen Rechts

**Pariser Platz 4**  
10117 Berlin

**Luisenstraße 60**  
10117 Berlin

**Robert-Koch-Platz 10**  
10115 Berlin

**Chausseestraße 125**  
10115 Berlin

Archive

Contact

Phone No.

**COPY ORDER FORM**

**Invoice No. AR** .....

Billing Address:

Delivery Address (if different):

Name: .....

Institution: .....

Address: .....

Email: .....

VAT No.: .....

I hereby apply for reproductions of the following materials:

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PDFs:

POS.	CALL NUMBER	DESCRIPTION	NO. OF PAGES
1			
2			
3			
4			
5			

Collection

Mailing

Date of Approval/Signature: .....

Date of Invoice/Signature: .....

.....  
Date/Customer's Signature

*Will be filled out by the AdK*

Production Costs:

.....  
.....  
.....

Packaging and Mailing: .....

+ 7% VAT: .....

**Total:** .....

€  
€  
€  
€

**Payable within 30 days** · Please indicate Invoice No. and the keyword "Archiv" on the bank transfer ·

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Date/Signature Member of Staff