

Shooting List

ORDER NUMBER: _____

Shot #	Product Name(s) or ID(s)	Number of objects in the photograph	Background Style	Camera Angle	Product(s) Rotation	Additional Instructions	Links to Examples	Clipping path
			<input type="checkbox"/> No Shadow <input type="checkbox"/> Natural Shadow <input type="checkbox"/> Reflection	<input type="checkbox"/> Eye Level <input type="checkbox"/> Slightly Above <input type="checkbox"/> 45° Above <input type="checkbox"/> Directly Above <input type="checkbox"/> No Preference				<input type="checkbox"/>
			<input type="checkbox"/> No Shadow <input type="checkbox"/> Natural Shadow <input type="checkbox"/> Reflection	<input type="checkbox"/> Eye Level <input type="checkbox"/> Slightly Above <input type="checkbox"/> 45° Above <input type="checkbox"/> Directly Above <input type="checkbox"/> No Preference				<input type="checkbox"/>
			<input type="checkbox"/> No Shadow <input type="checkbox"/> Natural Shadow <input type="checkbox"/> Reflection	<input type="checkbox"/> Eye Level <input type="checkbox"/> Slightly Above <input type="checkbox"/> 45° Above <input type="checkbox"/> Directly Above <input type="checkbox"/> No Preference				<input type="checkbox"/>
			<input type="checkbox"/> No Shadow <input type="checkbox"/> Natural Shadow <input type="checkbox"/> Reflection	<input type="checkbox"/> Eye Level <input type="checkbox"/> Slightly Above <input type="checkbox"/> 45° Above <input type="checkbox"/> Directly Above <input type="checkbox"/> No Preference				<input type="checkbox"/>
			<input type="checkbox"/> No Shadow <input type="checkbox"/> Natural Shadow <input type="checkbox"/> Reflection	<input type="checkbox"/> Eye Level <input type="checkbox"/> Slightly Above <input type="checkbox"/> 45° Above <input type="checkbox"/> Directly Above <input type="checkbox"/> No Preference				<input type="checkbox"/>
			<input type="checkbox"/> No Shadow <input type="checkbox"/> Natural Shadow <input type="checkbox"/> Reflection	<input type="checkbox"/> Eye Level <input type="checkbox"/> Slightly Above <input type="checkbox"/> 45° Above <input type="checkbox"/> Directly Above <input type="checkbox"/> No Preference				<input type="checkbox"/>
			<input type="checkbox"/> No Shadow <input type="checkbox"/> Natural Shadow <input type="checkbox"/> Reflection	<input type="checkbox"/> Eye Level <input type="checkbox"/> Slightly Above <input type="checkbox"/> 45° Above <input type="checkbox"/> Directly Above <input type="checkbox"/> No Preference				<input type="checkbox"/>
			<input type="checkbox"/> No Shadow <input type="checkbox"/> Natural Shadow <input type="checkbox"/> Reflection	<input type="checkbox"/> Eye Level <input type="checkbox"/> Slightly Above <input type="checkbox"/> 45° Above <input type="checkbox"/> Directly Above <input type="checkbox"/> No Preference				<input type="checkbox"/>
			<input type="checkbox"/> No Shadow <input type="checkbox"/> Natural Shadow <input type="checkbox"/> Reflection	<input type="checkbox"/> Eye Level <input type="checkbox"/> Slightly Above <input type="checkbox"/> 45° Above <input type="checkbox"/> Directly Above <input type="checkbox"/> No Preference				<input type="checkbox"/>
			<input type="checkbox"/> No Shadow <input type="checkbox"/> Natural Shadow <input type="checkbox"/> Reflection	<input type="checkbox"/> Eye Level <input type="checkbox"/> Slightly Above <input type="checkbox"/> 45° Above <input type="checkbox"/> Directly Above <input type="checkbox"/> No Preference				<input type="checkbox"/>