



NAME: _____ DATE: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

FILM ROLL QUANTITY: _____

FILM TYPE: COLOR (C41) BLACK & WHITE

SLIDE FILM (E6) CROSS PROCESS _____ IN _____

FILM SIZE: 35MM 120 220 4X5 (PROCESS ONLY)

OTHER: _____

SCANS: SMALL MEDIUM LARGE

SLIDES: MOUNT SLEEVE

PRINT SIZE: 4" 5" DIGITAL PROOF SHEET
(PRINT DIMENSIONS VARIES BASED ON FILM FORMAT)

PRINT QTY: 1 PER FRAME 2 PER FRAME OTHER

PRINT FINISH: MATTE LUSTRE

PRINT BORDER: WHITE FULL BLEED (NO BORDER)

ADDITIONAL INSTRUCTIONS:

PUSH/PULL

NUMBER OF STOPS:

(+/-): _____

DO NOT CUT

OTHER:

Submitting any type of media for any type of processing to our company constitutes an agreement by you that any damage or loss for any reason will only entitle you to replacement with a like amount of unexposed film and processing. Except for the exclusive remedy of replacement, the handling of any submitted media is without warranty or liability and recovery for any incidental or consequential damages is excluded.

PAYMENT (REQUIRED):

- Visa
 Mastercard
 Amex

Credit Card Number:

Expiration:

CID#: _____
*Visa/MC: 3 digits on back of card;
Amex: 4 digits on front of card*

Signature (required):

Date:

By signing above, you agree to pay for the order, detailed on this form, according to the credit card issuer agreement.