



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.*