



Order Form

315 Pleasant St. Bldg. 1 Fall River, MA 02721 Phone: 508-672-1204

Name: _____ Company/School: _____

Phone: _____ Email: _____ Professor's Email: _____

Shipping:	Return Via: FedEx <input type="checkbox"/> UPS <input type="checkbox"/>	We'll ship US Mail only if given return postage	Next Day AM Next Day PM 2-Day 3-Day Ground	Shipping Acct. #

Shipping Address: Name _____ School/Company _____

Street: _____ (if part of address) APT# _____

City: _____ State: _____ Zip: _____

Payment Information Visa MC Amex Discover	Credit Card#: _____	<input type="checkbox"/> Check	<input type="checkbox"/> School/Corporate Purchase Order
	Exp. Date: _____ Security Code _____	<input type="checkbox"/> Money Order	

Billing Address – Street: _____

City _____ State _____ Zip _____

Film Type(s): _____

of Rolls: _____

Total Footage: _____

Project Title: _____

This film is to be:

- | | |
|---|--|
| <input type="checkbox"/> Processed | <input type="checkbox"/> Bleach Bypass |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Cross Processed |
| <input type="checkbox"/> Push _____ Stops | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pull _____ Stops | |

Printing

Fill out this section only if you are having your film printed.

- One Light Print
- Timed Print

Special Printing Instructions

(Please tell us about any filters used or any desired lighting effects)

Telecine

Fill out this section only if you are having your film transferred to video.

- Best Light
- Scene to Scene
- Color Corrected
- Supervised
(call for appointment)

- MiniDV
- DVCam
- BetaSP
- Hard Drive
- DVD

I included my own tape/drive

Special Telecine Instructions

- Keycode Flex File

Aspect Ratio: 4:3 16:9