



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 UPS 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 | Credit Card#: _____ Check School/Corporate Purchase Order
 Visa MC Amex Discover | Exp. Date: _____ Security Code _____ Money Order

Billing Address – Street: _____
City _____ State _____ Zip _____

Film Type(s): _____
 # of Rolls: _____
 Total Footage: _____
 Project Title: _____

This film is to be:

- Processed Bleach Bypass
- Normal Cross Processed
- Push _____ Stops Other _____
- 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

- Keycode Flex File

Special Telecine Instructions

- Uncompressed 10 Bit
- ProRez HQ HD
- Avid DNx HD

Please Circle:

Std Def / Hi Def
Mac / PC

Aspect Ratio: 4:3 16:9