

Ple	ease fill out below if:								
Please fill out below if: NEW or		□ UPDATE							
EM	IAIL:								
ADDR	RESS:								
CITY:			STATE:						
ZIP C	ODE:								
SHIPB	ACK: In 2 weeks		flat rate box is filled (flat rate	box is fil	led (\$20	0.00) [] DESTROY
Shoot Name:					LUSTRE PROOF PRINTS (OPTIONAL)				
QTY	PROCESS	FILM SIZE	PUSH / PULL \$3 per roll	SCAN SIZE	4×5	4.5×6	4×6	5×5	BORDERS
#	C41 / B+W	135/120/220	Normal / + / -	Normal / Large		✓			1/4" or 3/8" or 1/2"
					! ! !				
					! !				
					4×5, 4×5	<6, 4.5×6			\$3.50/ \$7.00 \$4.50/ \$9.00
CHOOSI	E ONE SCANNER PER C	DRDER:	□Noritsu		:				
Spec	cial Instruc	Payment new card card on file							
				CARD TYPE: ☐ VISA ☐ MasterCard ☐ AMEX					
				CARD NUMBER:					
				EXPIRATION:					
				CVV (### or ####):			KEEP CARD ON FILE:		
				Please note billing add	lress in S	pecial Inst	ructions	if differe	nt from above.
C-41 135 B+W 135			rge: \$22.00 / \$44.00 rge: \$17.00 / \$34.00	Signature:					

 I AGREE TO PAY FOR THE ABOVE ORDER ACCORDING TO THE CARD ISSUER AGREEMENT. ALL CARDS CHARGED AT TIME OF FILM ARRIVAL.