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PLEASE PRINT

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NAME									
CONTACT INFO REQUIRED: PHONE					EMAIL				
STREET ADDRE	ESS (APT/SUITE #	<i>‡</i>)							
CITY, STATE, ZI	P								
*PAYMENT		VELOF ROCES	PMENT (CHEC SING PLUS 7.	CK/ CIRCLE .5% (IN FLC	/ FILL IN . RIDA) SAI	LES TAX	REQUI	RED IN	
FILM SIZE	TYPE QT		PRICE*	LAB EXT.	PRINTS:				
□ 135 □ 120 □ 220 □ 4x5 □ Vintage 110,126 & 127	COLOR (C-41) B&W COLOR (C-41) B&W COLOR (C-41) B&W COLOR (C-41)		\$10.50/roll \$10.50/roll \$21.00/roll \$21.00/roll \$8.50/sheet \$6.75/sheet \$10.50/roll		☐ 4s (SQUARE) ☐ 4R (RECT) ☐ 5s (SQUARE)	VE ON C C LAB (135)	\$ \$ LAB 7 LAB 7 D USB QTY PRICE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.55 .72 TOTAL (SUPPLIED) [EE/SCAN	LAB EXT. WeTransfer.com LAB EXT. LAB EXT.
□ Lea [,] □ Reti	DO WITH NEGA ve uncut (rolled) urn to Customer not return to Custo	mer		given for lab to	,	☐ Hold	n by Mail negs for o	rder within	a 30 days

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