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PLEASE PRINT

DATE										
NAME										
CONTACT INFO REQUIRED: PHONE						EMAIL				
STREET ADDRE	ESS (APT/SUITE	#)								
CITY, STATE, ZII	P									
P	AYMENT FOR HER ENCLOSE C WE DO NOT	HECK W		WE CAN CALL IS OR PRINT	. FOR CC# BI	EFORE C RDER IS	OMMENCING COMPLET	ORDEF	3.	
FILM SIZE	TYPE	QTY	PRICE*	LAB EXT.	SCANS (DIGITAL FILES) AT TIME OF DEVELOPMENT: ☐ Send by WeTransfer.com ☐ Save on Customer's USB					
☐ 135 & vintage 126	B&W COLOR (C-41)		\$ 9.50/roll \$ 9.50/roll		SIZE 35mm Small		QTY PRICE/SO		LAB EXT.	
☐ vintage 110 & 127	B&W COLOR (C-41)		\$11.00/roll \$11.00/roll		☐ Medium Vintage	n	\\$.35		
1 20	B&W COLOR (C-41)				120/220	_	\$ by form			
□ 220	B&W COLOR (C-41)				PRINTS: C	hoose	□ MATTE PRICE/PR		GLOSSY LAB EXT.	
□ 4x5	B&W COLOR (C-41)		\$9.50/sheet \$8.50/sheet <i>LAB TOTAL</i>		☐ 35mm ☐ Vintage ☐ 120/220		\$ by form	at size		
	WITH NEGATI	VES:		•	•					
□ Do not cut □ Cut into strips: (35mm Standard - 5 across) □ Customer or authorized person will pick up □ Return by Mail										
		(OTHER INSTI	RUCTIONS/	COMMENT	ΓS				

STANDARD LIMIT OF LIABILITY

Submitting any film print, slide or negative to this firm for processing, printing or other handling constitutes an AGREEMENT by you that any damages or loss by our company, subsidiary or agents, even though due to negligence or other fault of our company, subsidiary or agents, will only entitle you to replacement with a like amount of unexposed film and processing. Except for such replacement, the acceptance of the film, print, slide or negative is without other warranty or liability, and recovery for any incidental or consequential damages is excluded.

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