

TRANSFER ORDER FORM

Contact Name: _____ Telephone No: _____

Email: _____ Mobile: _____

Address: _____

Film Super 8 <input type="checkbox"/> 8mm <input type="checkbox"/> 16mm <input type="checkbox"/> Other: _____ No. of Reels: _____ Output format: _____ Additional info: _____	Total Feet

Video VHS <input type="checkbox"/> VHS-C <input type="checkbox"/> miniDV <input type="checkbox"/> Digital8 <input type="checkbox"/> Hi-8 <input type="checkbox"/> DVCam <input type="checkbox"/> U-Matic <input type="checkbox"/> Other: _____ No: of Tapes: _____ Output Format: _____ Additional info: _____	Tape Lengths

Audio Cassette <input type="checkbox"/> Vinyl <input type="checkbox"/> Reel to Reel <input type="checkbox"/> mini disc <input type="checkbox"/> DAT <input type="checkbox"/> Other: _____ No of items: _____ Output Format: _____ Additional Info: _____	Tape Lengths

Images Slides <input type="checkbox"/> Negatives <input type="checkbox"/> Photos <input type="checkbox"/> Other: _____ No of Images: _____ Output Format: _____ Additional Info: _____	Total Images

Special Instructions: _____

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Customer's Signature: _____