MAIL IN FILM

996 NOSTRAND AVE BROOKLYN NY 11225
PHOTOLIFE992@GMAIL.COM
718-604-2590

NAME:_____

PHONE NUMBER:_____

EMAIL:_____

PLEASE INDICATE HOW MANY OF EACH YOUR ORDER HAS

35MM COLOR C41:

35MM B/W :

120 COLOR C41:

120 B/W:

220 COLOR C41:

220 B/W :

APS COLOR C41:

APS B/W :

NOTES:

PLEASE INDICATE WHICH TYPE OF SCAN

STANDARD JPEG ☐

STANDARD TIFF ☐

HI RES JPEG ☐

HI RES TIFF ☐

NEGATIVES

MAIL BACK CUT ☐ PLEASE PROVIDE ADDRESS

MAIL BACK UNCUT ☐ PLEASE PROVIDE ADDRESS

PICK UP IN PERSON (WHICH WILL ONLY BE HELD FOR 2 WEEKS FROM THE DAY PACKAGE WAS RECEIVED) ☐

DISCARD AFTER SENDING THE FILES ☐

ADDRESS FOR MAIL BACK :

STREET:

CITY:

STATE:

ZIPCODE: