



Processing Mail Order Form

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Please include this completed form when you send us your film!

Please note that each service incurs its own costs. Please reference our website or call for pricing.

Film Type	Chemistry	Printing	Scans
<input type="checkbox"/> 35mm <input type="checkbox"/> 120 <input type="checkbox"/> APS <input type="checkbox"/> Disc <input type="checkbox"/> Minox <input type="checkbox"/> 110 <input type="checkbox"/> 126 <input type="checkbox"/> 127 <input type="checkbox"/> 220 <input type="checkbox"/> 620 <input type="checkbox"/> Sheet Film <input type="checkbox"/> Other	<input type="checkbox"/> Already Developed Standard Chemistry <input type="checkbox"/> C-41 <input type="checkbox"/> B&W <input type="checkbox"/> E-6 Esoteric Chemistry <input type="checkbox"/> C-22 <input type="checkbox"/> ECN-2 <input type="checkbox"/> Recovery <small>For old and expired film</small> Other Options <input type="checkbox"/> Cross Process <input type="checkbox"/> Soaked Film <input type="checkbox"/> Push/Pull	<input type="checkbox"/> No Prints For 35mm Prints <input type="checkbox"/> 5x6b Blue Moon Prints <input type="checkbox"/> Clean border <input type="checkbox"/> Sloppy border <input type="checkbox"/> 4x6 <input type="checkbox"/> Border <input type="checkbox"/> No border <input type="checkbox"/> 3x5 <input type="checkbox"/> Border <input type="checkbox"/> No border For 110, 120, Minox, etc. <input type="checkbox"/> Prints Surface Type <input type="checkbox"/> Matte <input type="checkbox"/> Glossy Reprints <input type="checkbox"/> Print from already developed negatives	<input type="checkbox"/> No Scan <input type="checkbox"/> Standard <input type="checkbox"/> Premium Delivery <input type="checkbox"/> CD <input type="checkbox"/> Dropbox <input type="checkbox"/> Both <div style="background-color: #cccccc; text-align: center;">Cutting</div> 35mm Options <input type="checkbox"/> Standard (4s) <input type="checkbox"/> 5s <input type="checkbox"/> 6s Other Film Types <input type="checkbox"/> Standard
# of rolls			

Notes for the lab

Name

Phone Number

Shipping Address

City

State

ZIP Code

Email Address

Payment

☐ Would you like an estimate before we start?

How would you like to pay?

☐ By credit card over the phone; please call me when my order is ready to ship.

☐ Please send me a PayPal invoice to the email above.

☐ By check or money order; I have included one with my processing.

☐ By credit card; here is my information:

Card type: ☐ Visa, ☐ Mastercard, ☐ AMEX, ☐ Discover

Card Number

Expiration Date

Security Code

Signature

Date

Card holder Name

Billing address, if different from your shipping address

Billing Address

City

State

ZIP Code