

PHOTO IMPACT IMAGING

927 N. CITRUS AVE. HOLLYWOOD
CALIFORNIA, 90038 323-469-3790

www.photoimpactimaging.com

Name: _____

Address: _____

Phone: _____

Email: _____

Reference: _____

# of rolls	processing				scans		prints			delivery				
	C-41/BW/E-6	Cross process	Normal Push or pull	35mm 120/220	Scan Size Basic / M / L	Matte or Glossy	4x6	4½ x 6	5x5	Borders ¼ in-sloppy- bleed	Will Call	Delivery UPS- Fedex-USPS	FTP	Burn to Disc
4	C-41	No	Normal	120	M	M			x	Bleed		Fedex	x	x

Payment Info: we accept Visa MasterCard AMEX

Name on the Card: _____ Card Number _____ Exp. Date _____

CID Number: _____ [this is the 3 digit number on the back of Visa and Master Card or the 4 digit number on the front of AMEX]

If billing address is different than shipping address, enter billing address here:

I hereby authorize Photo Impact Imaging to charge my card and pay for this order per the cardmember agreement

Sign Here _____ Date: _____