ORDER FORM
PLEASE PRINT CLEARLY

PEAK imaging

Customer No .....

Name ..... Date .....

Address .....

.....

Postcode ..... Daytime Tel No .....

Email ..... Evening Tel No .....

(Should we need to contact you)

FILM PROCESSING

	NO. OF ROLLS	FILM SIZE / NO. OF EXP.	SPEED CHANGE*	PROOF SHEET*	PRICE
E6 Process Only					
E6 Process & Mount					
C41 Process Only					
Black & White Process Only					
				TOTAL	

** Additional charge applies. See price guide for details.*

PROCESS & SCAN TO CD

	NO. OF ROLLS	FILM TYPE E6	FILM TYPE C41	FILM TYPE B&W	SPEED CHANGE*	PRICE
35mm CD Image						
35mm CD Archive						
35mm CD Archive Gold						
35mm CD Archive Platinum						
120 CD Archive Gold						
120 CD Archive Platinum						
					TOTAL	

** Additional charge applies. See price guide for details.*

PROCESS & PRINT

SERVICE TYPE - PLEASE TICK *STANDARD* ☐ *GLOSS ONLY* *PROFESSIONAL* ☐ *GLOSS OR SATIN MATT* *(Applies to both colour and b&w films)*

FILM SIZE / NO. OF EXP.	NO. OF ROLLS XPAN	COL.	B&W	E6	PAPER SURFACE	PRINT SIZE	EXTRA SETS*	CD*	PRICE
								TOTAL	

Extra sets must be ordered at the same time and be the same size as the original set. Please state clearly the number of extra sets required.

** Additional charge applies. See price guide for details.*

120 DIGITAL FILM STORAGE - I have already registered for your Film Storage service and wish you to store my 120 P&P images from this order ☐

PEAK imaging
FREEPOST RLSY-YZJX-SLXC
SHEFFIELD S20 3PP
Tel : 0114 224 3207
Web : www.peak-imaging.com
Email : sales@peak-imaging.com

REPRINT ORDERS

Tick the film type and service required and indicate clearly the frame number, print size, paper surface and quantity. Please group service types together.

SERVICE: Mach. Print	Selective Mach. Print	Cust. Print	ORIGINAL: Col. Neg.	Col. Trans.	B&W	Digital*	FRAME NUMBER	PRINT SIZE	PAPER SURFACE	QTY	PRICE
										TOTAL	

**IMPORTANT!! - All prints from DIGITAL MEDIA will be optimised as standard, please tick this box if you DO NOT require any corrections making* ☐

OTHER SERVICES / SPECIAL INSTRUCTIONS

TOTAL	

PAYMENT DETAILS

I enclose : ☐ Cheque ☐ P.O.

Please debit my : ☐ Mastercard ☐ Visa ☐ Debit Card

Card Number

Expiry date

Security Code

Total Order Value	
Less discount if applicable	
Postage & Packing	
TOTAL	

Card Billing Address (if different from overleaf)

.....

.....

Name on card : ..... Signature : .....

Have you filled in your name, address and customer no.?

I have read and accept your Terms of Business