

Customer No							
Name		Date					
Address							
Pastando							
Postcode				-			
Email				. Evenir	ig Tel		need to contact you)
FILM PROCES	SING						
	NO. OF ROLLS	FILM SI		SPEED CHANGE*		PROOF SHEET*	PRICE
E6 Process Only							
E6 Process & Mount							
C41 Process Only							
Black & White Process Only							
* Additional charge applies	. See price gu	ide for deta	ails.			TOTAL	
PROCESS & SO	NO. OF		FILM TYPE			SPEED	PRICE
35mm CD Image	ROLLS	E6	C41	B&W		CHANGE*	PRICE
35mm CD Archive							
35mm CD Archive Gold							
35mm CD Archive Platinum							
120 CD Image							
120 CD Archive Gold							
120 CD Archive Cold							
* Additional charge applies	. See price gu	ide for deta	ails.			TOTAL	
Tidanional onalgo applico	. 600 p.//00 8u						
PROCESS & PI	RINT						
SERVICE TYPE - PLEASE TIC		STANDAR		OFESSIO		(Applies to both	n colour and b&w films
FILM SIZE / NO. OF EXP. XP.	NO. OF ROLLS AN COL. B&W E6	GLOSS ONL		oss or satin PRINT S		EXTRA SETS* CD*	PRICE
Extra sets must be ordered at the	ne same time	1	<u> </u>			TOTAL	
and be the same size as the original			y the numbe	r of extra se	s require	d.	
* Additional charge applies. See			_			_	
120 DIGITAL FILM STO my 120 P&P images fro			ly registe	red for yo	ur Film	Storage service a	and wish you to store

PEAC imaging FREEPOST RLSY-YZJX-SLXC SHEFFIELD S20 3PP

Tel: 0114 224 3207 Web: www.peak-imaging.com Email: sales@peak-imaging.com

REPRINT ORDERS

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

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	ORIGINAL	FRAME	PRINT	PAPER	QTY	PRICE
Selective Mach. Mach. Cust. Col Print Print Print Neg	i. Col. B&W Digita g. Trans.	NUMBER *	SIZE	SURFACE		
FIIIL FIIIL Neg	g. IIdlis.					
	+ + +					
	+ + + +					
		n DIGITAL MEDIA will be			TOTAL	
please tick this b	oox if you DO N	IOT require any correctio	ns making			
OTHER ()=D\(()	0 / 00=0 4	NOTRUCTION			
OTHER S	SERVICE	S / SPECIAL I	NSTRUCTION	S		
					-	
					-	
					TOTAL	
					L	
PAYMEN	IT DETAI	LS				
				Total O	rder Value	
BI 1.12			7	Less	discount	
Please debit my	: Mastercard	Usa Debit	Cond		pplicable	
	Mastercard	VISA DEDIT	Card		D 0	
Card Number					Postage & Packing	
					TOTAL	
					TOTAL	
Expiry date		Security Code				
Card Billing Ad	ddress (if diff	erent from overleaf)				
Name on card .			Signature :			

I have read and accept your Terms of Business