

PHOTO IMPACT IMAGING

6015 Santa Monica Blvd.

CALIFORNIA, 90038 323-469-3790

www.photoimpactimaging.com

Name: _____

Address: _____

Phone: _____

Email: _____

Reference: _____

processing

scans

delivery

# of rolls	C-41/BW/E-6	Cross process	Normal Push or pull	35mm 120/220	Scan Size Basic / M / L	Will Call	Delivery UPS- Fedex-USPS
4	C-41	No	Normal	120	M		Fedex

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: _____