

Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

PROCESS

Film type	135	120	220	Quantity	Push/Pull
C41 (color neg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
BW (black & white)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
E6 (color slide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SCAN (choose size and format)

SCAN SIZE	Standard.jpg	Standard.tiff	High.jpg	High.tiff	Mid Pro.jpg	Mid Pro.tiff	Varies by film format
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.7 to 4.8 mb
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 to 18 mb
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48.8 to 87 mb

Scans delivered from downloadable link via WeTransfer

PRINT

BORDERS	SURFACE	4x6 = 35mm format
<input type="checkbox"/> 4 x 6	<input type="checkbox"/> Borderless	<input type="checkbox"/> Matte (N)
<input type="checkbox"/> 4.5 x 6	<input type="checkbox"/> White border	<input type="checkbox"/> Glossy (F)
<input type="checkbox"/> 5 x 5	<input type="checkbox"/> _____	

OTHER BORDER

Note: If your film size is not proportional to your print size, your borders will not be even.

PACKING

- CUT in archival plastic page (default)
  - UNCUT in plastic sleeve
  - TOSS my negatives (not recommended)
- During the quarantine we will hold film in lab unless you request shipping

BUY FILM

FILM DESCRIPTION	QUAN		QUAN	
<input type="checkbox"/> PORTRA 160	_____	35mm \$9.99	_____	120 \$10.99
<input type="checkbox"/> PORTRA 400	_____	35mm 10.99	_____	120 9.99
<input type="checkbox"/> TRI-X 400	_____	35mm 7.99	_____	120 8.75
<input type="checkbox"/> HP5 400	_____	35mm 6.99	_____	120 6.50
<input type="checkbox"/> _____	_____	35mm	_____	120

PAYMENT INFORMATION

FOR FASTEST SERVICE PLEASE PROVIDE YOUR PAYMENT INFORMATION ON THIS FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VISA  MC  AMEX Phone: \_\_\_\_\_

CC# \_\_\_\_\_

EXP \_\_\_\_\_ CVV \_\_\_\_\_

This is also my shipping address

SHIPPING

SHIP TO ME  SHIP TO SOMEONE ELSE  PICK UP IN LAB

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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