

LIGHTPRESS

1008 WESTERN AVENUE SUITE 201 SEATTLE WA 98104
WWW.LIGHTPRESS.TV 206.462.4717 INFO@LIGHTPRESS.TV

WORKORDER

TRANSFER

job title: _____

footage amount: _____

film type: 35mm 3Perf 2Perf 16mm S16mm S8mm regular 8 neg pos

frames per second: 24 30 18 other: _____

framing: **SD** 4:3 full letterbox squeeze **HD** 1.78 full letterbox 4:3 pillarbox

record format: _____

additional information: _____

SHIPPING

name: _____

company: _____

address: _____

city state zip country: _____

phone: _____

email: _____

preferred shipping method: _____

BILLING

name: _____

company: _____

address: _____

city state zip country: _____

phone: _____

account #: _____

PAYMENT

cash visa mastercard american express

name on card: _____

credit card #: _____ ccv code: _____ expiration date: _____

ALL CONTRACTS WITH LIGHTPRESS ARE ACCEPTED WITH THE UNDERSTANDING THAT ALL FILM DELIVERED TO LIGHTPRESS IS COVERED BY THE OWNER AGAINST LOSS. LIGHTPRESS TAKES EVERY REASONABLE PRECAUTION FOR THE SAFEKEEPING OF THE FILM, BUT ASSUMES NO RESPONSIBILITY FOR ITS LOSS.