

Ross Imaging Center 2460 Dixwell Ave Unit E Hamden, CT 06514 (203)281-6996

Film Processing Mail Order Form for 35mm film Color or B&W Development

First Name:	Last Name:	Date:
Phone Number:	Email Address:	
Order Comments/ Instructions:		

1.Select the process that corresponds to your film

Color Film Processing (C-41): Develop

# of exposures		QTY	(Develop	Only	Cut o	or Uncut Negati	/es?	SUBTOTAL
35mm 12 expos	sure			\$4.25	per roll	🗌 Cι	ut	Leave Uncut *	\$
35mm 24 expos	sure			\$4.95	oer roll	🗌 Οι	ut	Leave Uncut *	\$
35mm 27 expos	sure (disposable)		\$5.25	per roll	🗌 Οι	ut	Leave Uncut *	\$
35mm 36 expos	sure			\$5.95	per roll	🗌 Οι	ut	Leave Uncut *	\$
B&W Film Processing: Develop									
# of exposures		QTY	Y	Develop	Only	Cut o	r Uncut Negativ	/es?	SUBTOTAL
35mm 12 expos	sure			\$10.95	per roll		ıt	Leave Uncut *	\$
35mm 24 exposure			□\$10.98		per roll	🗌 Οι	ıt	Leave Uncut *	\$
35mm 27 exposure			\$11.95		per roll		ıt	Leave Uncut *	\$
35mm 36 exposure				\$12.95 pe		🗌 Οι	ıt	Leave Uncut *	\$
*all expired film may need need extra developing (push) please select that		sh) please select that opt	ion	+\$6.95 (µ	oer roll)	🗌 Pu	ish Stops	Pull Stops	
2. Add Prints? Yes, add prints			🗌 No, I	no prints	(cost pe	er roll)	1		
	Color	Color	c	olor	Colo	or	B&W	B&W	
# of exposures	4x6 Single set	4x6 Double set	5x7 Single	e Set	5x7 Double S	Set	Single set prints	Double set prints	SUBTOTAL
35mm 12 exp.	+\$6.20/roll	+\$9.25/roll	□+\$2	0.50/roll	+\$28.2	20/roll	🗌 +\$24.40/ro	ll 🗌 +\$30.20/roll	\$
35mm 24 exp.	+\$10.50/roll	+\$16.30/roll	+\$2	0.50/roll	+\$28.2	20/roll	🗌 +\$24.40/ro	ll 🗌 +\$30.20/roll	\$
35mm 27 exp.	+\$10.95/roll	+\$17.45/roll	+\$2	0.95/roll	+\$29.9	0/roll	🗌 +\$25.15/ro	ll 🗌 +\$31.65/roll	\$
35mm 36 exp.	+\$14.50/roll	+\$21.55/roll	□+ \$2	4.50/roll	+\$31.5	60/roll	🗌 +\$31.40/ro	ll 🗌 +\$39.45/roll	\$
Select one: (No difference in cost) Matte Glossy Select one: (No difference in cost) (When left unchecked we will print glossy)							Borderless		

LIMITATION OF LIABILITY'. Submitting any tangible or electronic media, image, data, file, card, disc, device, film, print, side, or negative for any purpose, such as processing, printing, duplication, alteration, enlargement, storage, transmission, or other handling, constitutes an agreement that any loss or damage to it by our company, subsidiary or agents, even though by our negligence or other fault, will only entitle you to replacement (uquantity/size of unexposed photographic film or electronic media, and processing of the replacement media. Except for such replacement, our acceptance of the media, image, data, file, card, disc, device, (bic, film, print, side) or negative is excluded. No supress or implicit warranty is provided.

3.Add Scannir Without Prints:	ng? 🗆 Yes, add scans	No, no scans (cost p	per roll)	
Low +\$7.95	Medium +\$8.95	☐High +\$9.95	Super (.tiff) +\$19.95	\$
With Prints:				
☐ Low +\$6.95	☐ Medium +\$7.95	☐High +\$8.95	Super (.tiff) +\$19.95	\$
Scan Image Deliver	ry: CD/DVD Upload		shdrive (include your own in the package or add nal \$16.99 to purchase a flash drive from us)	\$
4. Determine y	our total.			
	Push Stops	Pull Stops +\$6.95	5 (per roll)	
	Send Back Negatives	Don't Send Negatives *No return shipping unless you cho	boose options that need to be returned to you.	
Shipping Type	*If you want rolls uncut add an addit	ional \$3.95 to shipping cost.		Cost
UPS Ground				\$12.95
UPS 2nd Day				\$24.95
UPS Overnight				\$34.95
USPS Priority Mail				\$8.95
International				\$20.95
			Subtotal	
			+ Connecticut Sales Tax 6.35%	
5. Payment In	oformation		Total	
Payment Type				
Include information below *orders v	Check to "Ross Imaging Center" wont be sent back till checks clear nake sure your math is correct or we will need a new check	we will send you an invoice th 'orders wont be sent till invoice is paid	nat can be paid online	
Credit Card Number:			Expiration:	
Security Code Number (CVV Number):	Billing Postal Code:		
Billing Address				
First Name:		Last Name:		
Address:				
City:	State:	Zipcode:		
6. Return Add	ress (If different than Bill	ing Address)		
First Name:		Last Name:		
Address:				
City:	State:	Zipcode:		

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