

Ross Imaging Center 3000 Whitney Ave Unit #1 Hamden, CT 06518 (203)281-6996

Slide Scanning Mail Order Form

First Na	me:	Last Name:	Last Name:								
Phone Number:		Email Address:									
Order C	omments/ Instructions:										
1.Select your scan type TLC Slide Scanning											
QTY	Slide Quantity	Cost Per Slide*		Oversized Slides	SUBTOTAL						
	1-10 Slides	\$2.95 per slide		+\$.50 per slide							
	11-20 Slides	\$2.50 per slide		+\$.50 per slide							
	21-100 Slides	\$2.00 per slide		+\$.50 per slide							
	125+ Slides	\$1.00 per slide		+\$.50 per slide							
		Bulk Slide Scannin	g								
QTY Slide Quantity		Cost Per Slide*	Cost Per Slide*								
	1-50 Slides	\$1.00 per slide									
	51-100 Slides	\$0.80 per slide		+\$.50 per slide							
	101-150 Slides	\$.70 per slide		+\$.50 per slide							
	151-650 Slides	\$.65 per slide		+\$.50 per slide							
	151-650 Slides \$.65 per slide +\$.50 per slide 651+ Slides Call for quote +\$.50 per slide										
2. Ad	d a disc										
2. Add a disc *prices above do not include the cost of the disc. (select dvd if you have a lot of slides)					+\$4.95						
			□ DVD		+\$6.95						
			□ 8 GE	3 USB Flash Drive	+\$14.95						
					-						

3. Determine yo	ur total						
				Subtotal			
				+ Connecticut Sales T	ax 6.35%		
Shipping Type						Cost	
☐ UPS Ground						\$12.9	
UPS 2nd Day						\$24.9	
□ UPS Overnight						\$34.9	
USPS Priority Mail						\$8.9	
International						\$20.9	
				Total			
4. Payment Info	rmation					'	
Payment Type							
Credit Card Select card type >>>	☐ Visa	☐ MasterCard		American Express	☐ Disc	cover	
Credit Card Number:					Expiration	on:	
Security Code Number: CVV Number			Bill	ing Postal Code:			
Check Check to "Ross Imaging Center" *orders wont be sent back till checks clear							
Billing Address							
First Name:				Last Name:			
Address:							
City:	State:			Zipcode:			
5. Return Addre	SS (If differer	nt than Billing Addres	ss)				
First Name:		Last Name:					
Address:							

Zipcode:

State:

City: