



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

## Negative Scanning Mail Order Form

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

### 1. Select your negative scan type

QTY	Film Type	Negative Format	Medium Resolution Scans*	High Resolution Scans*	SUBTOTAL
	35mm	Uncut Roll (Up to 36 exposures)	\$9.95 per roll	10.95 per roll	\$
	35mm	Strip Film (Up to 7 frames)	\$1.50 per strip	\$2.00 per strip	\$
	35mm	Individual Frame	\$2.50 per frame	\$2.95 per frame	\$
	120mm	Uncut Roll	\$9.95 per roll	\$10.95 per roll	\$
	120mm	Strip Film (up to 4 frames)	\$1.50 per strip	\$2.00 per strip	\$
	220mm	Uncut Roll	\$16.95 per roll	\$18.95 per roll	\$
	220mm	Strip Film (up to 4 frames)	\$1.50 per strip	\$2.00 per strip	\$
	110/126	Uncut Roll	\$10.95 per roll	\$11.95 per roll	\$
	110/126	Strip Film	\$3.50 per strip	\$3.95 per strip	\$
	APS	Uncut Roll (up to 25 Exposures)	\$9.95 per roll	\$10.95 per roll	\$
	APS	Individual Frames	\$3.50 per frame	\$3.95 per frame	\$
	4x5/5x7	Sheet Film	\$6.95 per sheet	\$7.95 per sheet	\$
	8x10	Sheet Film	\$8.95 per sheet	\$9.95 per sheet	\$

### 2. Add a disc

*prices above do not include the cost of the disc. (select dvd if you have multiple rolls)	<input type="checkbox"/> CD	+\$4.95
	<input type="checkbox"/> DVD	+\$6.95

LIMITATION OF LIABILITY: Submitting any tangible or electronic media, image, data, file, card, disc, device, film, print, slide, 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 with an equivalent quantity/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, film, print, slide or negative is without other liability, and recovery for any incidental or consequential damages is excluded. No express or implied warranty is provided.

### 3. Determine your total

Subtotal	
+ Connecticut Sales Tax 6.35%	
<b>Shipping Type</b>	
	<b>Cost</b>
<input type="checkbox"/> UPS Ground	\$12.95
<input type="checkbox"/> UPS 2nd Day	\$24.95
<input type="checkbox"/> UPS Overnight	\$34.95
<input type="checkbox"/> USPS Priority Mail	\$8.95
<input type="checkbox"/> International	\$20.95
<b>Total</b>	

### 4. Payment Information

<b>Payment Type</b>				
<input type="checkbox"/> Credit Card Select card type >>>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Credit Card Number:				Expiration:
Security Code Number: CVV Number	Billing Postal Code:			
<input type="checkbox"/> Check Check to "Ross Imaging Center" <small>*orders wont be sent back till checks clear</small>				
<b>Billing Address</b>				
First Name:				Last Name:
Address:				
City:	State:	Zipcode:		

### 5. Return Address (If different than Billing Address)

First Name:				Last Name:
Address:				
City:	State:	Zipcode:		