



**CT Prints**  
THE ART OF THE PERFECT PRINT

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

## Photo Restoration Mail Order Form

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

**Preserve your oldest memories with our photo restoration services.**

When you send your restoration to us we will give you a call with a quote on how much the restoration will cost. Pricing starts as low as \$43.95 and can range all the way up to \$129.95 depending on the complexity of the photograph. We do not fix the original photograph in any way and we return the original back to you in the same condition.

Please describe to us what you would like done during the restoration:

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.

## Select return shipping:

Shipping Type		Cost
<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
Total		

## Payment Information

**\*Your card will not be charged until the quote is agreed upon.**

Payment Type		
<input type="checkbox"/> Credit Card <small>Select card type &gt;&gt;&gt;</small>	<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 <small>Check to "Ross Imaging Center" *orders wont be sent back till checks clear</small>		
Billing Address		
First Name:	Last Name:	
Address:		
City:	State:	Zipcode:

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

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

## Lab use:

Quote:	<input type="checkbox"/> Approved	<input type="checkbox"/> Deny
Notes:		