



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

Print Scanning Mail Order Form

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

1. Select your scan type

Print Scanning

QTY	Print Count	Regular Scan (300dpi) *	High Resolution Scan (600dpi) *	SUBTOTAL
	1-25 prints	\$2.00 per print	\$2.50 per print	\$
	26-50 prints	\$1.80 per print	\$2.30 per print	\$
	51-100 prints	\$1.60 per print	\$2.10 per print	\$

Print to Print

QTY	Print Size	Cost of first print *	Cost per additional copy *	SUBTOTAL
	Wallet (2.5x3.5)	\$3.25	\$1.09	\$
	3.5x5	\$2.25	\$0.69	\$
	4x4	\$2.25	\$0.69	\$
	4x6	\$2.25	\$0.65	\$
	5x5	\$3.99	\$2.25	\$
	5x7	\$3.99	\$2.25	\$
	6x6	\$4.99	\$3.95	\$
	6x8	\$4.99	\$3.95	\$
	8x10	\$6.99	\$4.95	\$
	11x14	\$17.95	\$15.95	\$
	12x18	\$19.95	\$18.95	\$
	16x20	\$34.95	\$26.95	\$
	20x30	\$61.95	\$44.95	\$
	Custom Sizes	Call for quote	Call for quote	\$

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.

2. Add a disc

*prices above do not include the cost of the disc.	<input type="checkbox"/> CD	+\$4.95
	<input type="checkbox"/> DVD	+\$6.95

3. Determine your total

Subtotal	
+ Connecticut Sales Tax 6.35%	
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	

4. Payment Information

Payment Type		
<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>		
Billing Address		
First Name:	Last Name:	
Address:		
City:	State:	Zipcode:

5. Return Address (If different than Billing Address)

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

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