



CT Prints
THE ART OF THE PERFECT PRINT

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

Audio Transfer Mail Order Form

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

Title: (one letter per box)

Select Transfer type:

Check Audio Types	Number of tapes	Price
<input type="checkbox"/> Audio Reel to Reel Transfer		\$54.95 per 30 mins
<input type="checkbox"/> Record to CD		\$49.95 per 30 mins
<input type="checkbox"/> Cassette to CD		\$49.95 per 30 mins
<input type="checkbox"/> 8-Track to CD		\$49.95 per 30 mins

I would like ____ additional copies _____ Total copies (including master)

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:

		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	

Payment Information

Payment Type

☐ Credit Card
Select card type >>>

☐ Visa

☐ MasterCard

☐ American Express

☐ Discover

Credit Card Number:

Expiration:

Security Code Number:
CVV Number

Billing 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:

Return Address (If different than Billing Address)

First Name:

Last Name:

Address:

City:

State:

Zipcode:

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