

COLOR TRANSPARENCY MAIL ORDER FORM

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____ EMAIL: _____

OF ROLLS OR SHEETS _____

FILM SIZE (CIRCLE) ___35MM ___120 ___220 ___4X5 ___8x10

FOR 35MM (CIRCLE) ___MOUNT ___SLEEVE

PAYMENT INFORMATION

WE ACCEPT **MASTERCARD** AND **VISA ONLY**

CREDIT CARD NUMBER: _____

3 DIGIT CODE: _____

EXP DATE: _____

SIGNATURE: _____

SHIP TO :

DATA-CHROME

1946 EAST BLAIR AVE

SANTA ANA, CA 92705

PHONE: 949-863-0873

Limit of liability: Submitting any film for any purpose such as processing, duplication, scanning or other handling constitutes an AGREEMENT that any loss or damage of any said items by our company or employees, due to any form of negligence, machine failure, or any other unforeseen situation, will only entitle you to replacement with an equivalent quantity/size of unexposed available photographic film and processing of the replacement film. Except for such replacement, DataChrome's acceptance of your film is without other liability and recovery for any incidental or consequential damages is excluded.