

Order Form

Billing Information

Customer Nr. _____

Company _____

VAT Nr. _____

Contact Person _____

Street / Nr. _____

ZIP Code _____

City _____

Country _____

Phone _____

E-Mail _____

Delivery Address (if different)

Company _____

Contact Person _____

Street / Nr. _____

ZIP Code _____

City _____

Country _____

Phone _____

E-Mail _____

Shipping Method

Standard Scan only (no shipping)

Express Pick-up in person

Payment Method

Bank Transfer

PayPal (incl. fees)

Credit Card *

* **Credit Card Details** Permanent Authorisation

Credit Card Nr. _____

Expiry Date (month / year) _____

Security Code _____

Credit Card Holder _____

Date / Signature _____

Project Title _____

Deadline _____

Format

Standard 8mm 16mm

Super 8mm 35mm

Type / Amount

Color Negative _____ B&W Negative _____

Color Reversal _____ B&W Reversal _____

Services

Processing Only

Processing + Scan Preparation (joining + cleaning)

Processing + Scan Preparation + **Scanning ***

Processing + Printing

Additional Services (please note extra on film cans)

Push Processing + 1 stop + 2 stops

Pull Processing - 1 stop - 2 stops

Sound Striping (only for reversal material)

* Scanning Options

Format

HD

2K

4k

Codec

ProRes 422 HQ

ProRes 4444 XQ

DPX

Framing

Open Gate

Cropped

Transfer Speed

25fps

24fps

18fps

Contrast

Low Contrast (log)

Normal Contrast

Delivery

Cloud Link

Hard Drive

Additional Instructions

