

Your Name & Address:		Please Make Cheques Payable to Digitalab
E mail Address:		
Daytime Telephone Number:		Date of order:
		Date Required:

FILM PROCESSING				
Film Type	Quantity	Film Size	Unit Cost	Total Cost
E6				
C41				
B&W				
(35mm) Glass/Plastic mounts				
			Sub Total:	

FILM PACKAGES						
Film Size	Quantity	Print Size	Gloss/Matt	Low/Med res CD	Unit Cost	Total Cost
					Sub Total:	

DIGITAL PACKAGES				
Number of Images	Print Size	Gloss / Matt	Unit Cost	Total Cost
			Sub Total:	

REPRINTS FROM DIGITAL & FILM									
Neg No./File name	Qty & Size	Gloss/Matt	Unit Cost	Total Cost	Neg No./File name	Qty & Size	Gloss/Matt	Unit Cost	Total Cost
	@					@			
	@					@			
	@					@			
	@					@			
				Sub Total:					Sub Total:

Please make cheques payable to Digitalab	Total Cost:	
	P&P (see pricelist for bands):	
	Grand Total:	

If you wish to pay by credit card please ensure you fill in your daytime telephone number and on completion of your order we will contact you for your credit card details