

NAME:DATE:ADDRESS:POSTAL CODE:EMAIL:PHONE:

QUANTITY	TYPE	FORMAT	SCANNING

SPECIAL INSTRUCTIONS:PLEASE INDICATE WHAT YOU WISH TO BE DONE WITH YOUR NEGATIVES:

I WISH TO HAVE MY NEGATIVES RETURNED IMMEDIATELY

HOLD ONTO THEM (MAX 3 ORDERS)

DON'T NEED THEM (DEFAULT)

**CALL US AT 416.484.1660 IF YOU HAVE ANY QUESTIONS**