



(An audio and video service of MedTec Imaging, Inc.)

Audio-Video Order Form

Name _____ Phone # () _____ - _____
Company _____
Address _____ City _____ State _____ Zip _____

Video

(8mm, Hi8, Digital8, Mini DV, VHS-C, and VHS)

Original Format Count _____ X Output Format Count _____

Movie Reels

(8MM, Super8MM and 16MM)
Prices are based on a per foot basis*

Original Format Feet _____ X Output Format Number of Copy's _____

Slides, Negatives & Photos

Number of Slides, Negatives or Photos _____

Audio

Original Format Count _____ X Output Format Count _____

By submitting the order form, customer requests processing services described herein and agrees to pay the standard charges hereto. Customer agrees that the liability of our company, its agents and employees, for any losses or damages of any kind or nature to the customer's videotape, storage device or other material, is limited to the cost of replacing such videotapes, storage device or other material with blank videotape, unused storage device or other material. Customer also agrees that our company, its agents, and employees, shall not be otherwise liable to the customer for any loss and damage of any kind or nature, whether direct, incidental, consequential or otherwise. Customer declares that all materials submitted to our company for transfer or other reproduction are not in violation of such laws. The materials submitted were either created by customer or customer has permission of the copyright owner to duplicate them. All copyrighted material must be accompanied by written release.

Customer's Signature _____

Date _____

Refer ID# _____