



**Processing Mail Order Form**  
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 www.bluemooncamera.com

**Please include this completed form when you send us your film!**

*Please note that each service incurs its own costs. Please reference our website or call for pricing.*

Film Type	Chemistry	Printing	Scans
<input type="checkbox"/> 35mm <input type="checkbox"/> 120  <input type="checkbox"/> Minox <input type="checkbox"/> 110 <input type="checkbox"/> Sheet Film <input type="checkbox"/> Other	<b>Standard Chemistry</b> <input type="checkbox"/> C-41 <input type="checkbox"/> B&W <input type="checkbox"/> E-6  <b>Other Options</b> <input type="checkbox"/> Cross Process <input type="checkbox"/> Soaked Film <input type="checkbox"/> Half Frame <input type="checkbox"/> Stereo	<input type="checkbox"/> No Prints  <b>For 35mm Prints</b> <input type="checkbox"/> 5x6b <input type="checkbox"/> Clean border <input type="checkbox"/> Sloppy border  <input type="checkbox"/> 4x6 <input type="checkbox"/> Border <input type="checkbox"/> No border  <b>For 110, 120, Minox, etc.</b> <input type="checkbox"/> Prints	<input type="checkbox"/> No Scan <input type="checkbox"/> Standard <input type="checkbox"/> Premium  <b>Delivery</b> <input type="checkbox"/> CD <input type="checkbox"/> Dropbox <input type="checkbox"/> Both (+\$3)
<b># of rolls</b>			<b>Cutting</b>
		<b>Surface Type</b> <input type="checkbox"/> Matte <input type="checkbox"/> Glossy	<b>35mm Options</b> <input type="checkbox"/> Standard (4s) <input type="checkbox"/> 5s <input type="checkbox"/> 6s  <b>Other Film Types</b> <input type="checkbox"/> Standard

Notes for the lab

Can't find what you're looking for?  
 Give us a call or send us an email

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email Address \_\_\_\_\_

**How would you like to pay?**

- By credit card over the phone; please call me when my order arrives.
- Please send me a PayPal invoice to the email above.
- By credit card; here is my information:  
 Card type:  Visa,  Mastercard,  AMEX,  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Card holder Name \_\_\_\_\_

**Billing address, if different from your shipping address**

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_