



8417 NORTH LOMBARD STREET, PORTLAND, OR 97203
503.978.0333 WWW.BLUEMOONCAMERA.COM

Processing Mail Order Form

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

Today's date: _____
Is this your first order with us? _____

Contact Information

Name: _____ Primary phone: _____
Shipping address: _____
City: _____ State: _____ ZIP code: _____
E-mail address: _____ Secondary phone: _____

****Note that each service incurs its own costs. Please refer to our website or call for pricing.****

Processing – for undeveloped film

What kind / how much film are you sending? _____

Please check any instructions that apply.

___ Push film ___ stops / ___ Pull film ___ stops
___ Cut 35mm film in 4's (no charge) / ___ Cut and page film in strips of ___ (\$1/page)
___ Leave film uncut (may increase shipping cost) / ___ Special instructions for cutting: _____
___ Special instructions for developing: _____

Optical Printing – for reprints and prints at time of developing

Quantity: ___ Singles / ___ Doubles / ___ other - please specify: _____

Finish: ___ Matte (recommended) / ___ Glossy

Please select a size for 35mm prints:

___ 5x6b Blue Moon Print ___ clean ___ sloppy / ___ 4x6 ___ 4x6 bordered
___ Contact sheet (Available for black and white only)

Scanning – for digitizing film and photos

For 35mm and 120 film, please select a resolution: ___ Standard ___ Intermediate ___ Premium

___ Premium scans of other or already developed formats

___ Please contact with estimate before scanning

___ Special instructions for scanning desk: _____

Payment

How would you like to pay?

___ By credit card over the phone; please call me when my order is ready to ship. (Recommended)

___ By check or money order; I have included one with my processing.

___ By credit card; here is my information:

- Card type: ___ Visa ___ Mastercard ___ AMEX ___ Discover
- Card number: _____
- Expiration date: _____ / _____ Security code: _____
- Card holder name: _____
- Billing address, if different from your shipping address:
 - Address: _____
 - City: _____
 - State: _____ ZIP code: _____
- Card Holder Signature: _____