LTI Lightside
photographic services

FILM PROCESSING ORDER SHEET

Name (Printed): _____Phone / Email: _____

Business Name (if applicable): _____

Address: _____

City:_____ State:_____ZIP code: _____

Film type / quantity: C41_____ BW_____

Processing Instructions: NORMAL PUSH / PULL

DEV ONLY / DO NOT CUT DEV ONLY / CUT & SLEEVE

Additional Services: TRADITIONAL CONTACTS FULL-ROLL SCANS MACHINE PRINTS

Special Instructions_____

Credit Card: AMEX VISA MASTERCARD DISCOVER

Credit card #_____Exp. _____CVC#_____

Billing Address (if different from above): _____

City:_____ State:_____ZIP code: _____

By signing below, you authorize LTI / Lightside Inc. to charge your credit card at the end of this job.
If you would like us to keep this credit card on file for future jobs, please initial here: _____

Signature_____ Date:_____

LTI Lightside Inc. 34 East 30th Street New York, NY 10016 212-685-6871 www.lti-lightside.com