

## ORDER FORM

NAME: _____	DATE: _____
EMAIL: _____	PHONE: _____
PROJECT TITLE: _____	INT JOB # _____

## FILM PROCESSING

FILM STOCK #	# of ROLLS	16mm(Reg/Super) 8mm(Reg/Super)	Frame Rate	PUSH/PULL

\*please attach additional sheet if submitting more film types

## DIGITAL SCAN

SPECIFICATIONS ON FILE (previous clients)

All scans include one LOG & one GRADED file, please select your specifications:

### 1: LOG File

### 2: GRADED File

RESOLUTION
<input type="checkbox"/> 5K (Full Sensor)** 16mm only <input type="checkbox"/> 4K (4096p)** <input type="checkbox"/> 2.5K (2500p) <input type="checkbox"/> 2K (2048p) <input type="checkbox"/> HD (1080p)
FRAMING:
<input type="checkbox"/> Full Format <input type="checkbox"/> Overscan <input type="checkbox"/> Framed-to-Image
FILE TYPE:
<input type="checkbox"/> Apple Pro Res 4444HQ <input type="checkbox"/> Apple Pro Res 422HQ <input type="checkbox"/> DPX files**

RESOLUTION
<input type="checkbox"/> 4K (4096p)** <input type="checkbox"/> 2.5K (2500p) <input type="checkbox"/> 2K (2048p) <input type="checkbox"/> HD (1080p)
FRAMING:
<input type="checkbox"/> Full Format <input type="checkbox"/> Overscan <input type="checkbox"/> Framed-to-Image
FILE TYPE:
<input type="checkbox"/> Apple Pro Res 422HQ <input type="checkbox"/> Pro Res Proxy <input type="checkbox"/> H.264

FILE UPLOAD  
to GDrive \*\*

DISCARD FILM  
(after scan)

Lab use only

DUE

PAID

PLEASE PROVIDE A CLEAN HARDDRIVE WITH YOUR FILM WHEN YOU DROP OFF

(\*\*) indicates an extra cost, please call for a quote or see our price list

1717 Troutman Street  
Suite #244  
Ridgewood, NY 11385

# NEGATIVELAND

(917) 975-0473  
negativelandfilm@gmail.com  
www.negativelandfilm.com

## PAYMENT & SHIPPING FORM

### SHIPPING ADDRESS

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
STREET \_\_\_\_\_ APT #: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### RETURN METHOD

UPS:                      Next Day              2-Day              Ground

### PAYMENT INFO

Check/Money Order enclosed

CC#: \_\_\_\_\_ Security Code#: \_\_\_\_\_

Exp Date: \_\_\_\_\_

#### BILLING ADDRESS

same as shipping

STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_