

Customer Details

Surname _____ First Name/s _____

Address _____ Home Ph _____

Suburb _____ Mobile _____

Email Address _____

Date work Required ____ / ____ / ____

Image Scanning (Photos, Slides, Negatives)

I require _____ images to be scanned into digital format and presented on disc
(NUMBER)

I require _____ images to be restored back to original condition as per quotation _____
(NUMBER) (NUMBER)

8mm CINEFILM TRANSFERS

I require _____ films to be transferred
(NUMBER)

I would like my movies transferred onto DVD
USB/Harddrive

I (the customer) understand that I MUST NOT personally make additional copies as I could be breaching Copyright laws

Signature _____ Date ____ / ____ / ____

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