

ORDER FORM (Please fill out BOTH sides of this sheet)

FROM (Please fill in your details here)

YOUR NAME _____ ADDRESS _____

POSTCODE _____ TEL. _____

Please process as follows-

CINE FILMS DIGITISED TO DVD+RW disks in MPEG (VOB files -that's raw video- downloadable)

Footage submitted (please see CINE FILM page at memoriesonvideo.co.uk for measurement details)

Please enter the length _____ feet (or leave blank and ask us to quantify and let you know)

FREE OPENING TITLE (please enter) _____

Additional titles (£3 each) please make note overleaf, or phone us to discuss

SOUNDTRACK Please tick - SILENT ___ BACKGROUND MUSIC ___ ORIGINAL SOUND ___ (if exists)

Additional DVD copies of the programme are just £5 each

ANY VIDEO TAPE /CAMCORDER TAPE (However long up to 4 hours max per tape)

DIGITISED TO DVD+RW disk in MPEG VOB files for just **£5** each tape copied to separate DVD

Each tape copied 'as is' to its own DVD with no editing, no compilations.

Please enter the number of tapes that you are submitting _____

AUDIO CASSETTE TO CD for £10 per tape submitted

Please enter the number of tapes that you are submitting _____

OPEN REEL TO REEL TAPE to CD (from old tape recorder before cassettes) **£20** (twin track)

Please enter the number of reels that you are submitting _____

REPAIRS to tapes – video tapes and audio tapes

Then copy to DVD for videos or CD for audios for just **£20**

Please enter number of reels that you are submitting _____

Please turn over to complete remittance page

PAYMENT/REMITTANCE

Telephone 01454 772857 for any assistance required

Please complete the following remittance advice.

CINE FILMS

Payment for (enter amount) _____ Feet of film for transfer to DVD (enter amount) £ _____

ADD £3 per additional title (please enter) £ _____

Please supply (add number) _____ additional copies of the programme @ £5 each (please enter) £ _____

Please write your additional title requirements here- BLOCK CAPITALS PLEASE (phone 01454 772857 for assistance)

VIDEO TAPES /CAMCORDER TAPES Transfer to DVD

Payment for (enter number) _____ tapes @ £5 per tape (please enter amount) £ _____

OTHER SERVICES –

Audio cassettes, Open reel tape recordings, REPAIRS to tapes

Please describe your requirements here- _____

_____ £ _____

Please add £10 for courier collection, or just add £5 for return carriage £ _____

TOTAL PAYABLE (please enter amount) £ _____

Please enclose cheque for this amount – please make payable to MEMORIES ON VIDEO

OR Please complete the following to pay using your credit/debit card for payment.

CARD NUMBER _____ EXPIRES _____ 3 digit cvv _____

NAME (as appears on your card) _____ (card registered at address overleaf)

YOUR SIGNATURE (as appears on card) _____

Please send your order to.

MEMORIES ON VIDEO, 24 YORK GARDENS, WINTERBOURNE, BRISTOL. BS36 1QT.

Telephone 01454 772857 e.mail info@movid.co.uk www.memoriesonvideo.co.uk