

# **Alpha Cine/Forde Labs**

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## **Mail Order Form**

### **Shipping Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Please list contents (number of rolls, type of film) and processing/printing instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Return Shipping (Please Check One)**

FedEx		UPS		DHL		USPS	
Next Day 10:30am	<input type="checkbox"/>	Next Day 10:30am	<input type="checkbox"/>	Next Day 12:00am	<input type="checkbox"/>	Priority Mail	<input type="checkbox"/>
Next Day 3:00pm	<input type="checkbox"/>	Next Day 3:00pm	<input type="checkbox"/>	Next Day 3:00pm	<input type="checkbox"/>	1st Class	<input type="checkbox"/>
2-Day	<input type="checkbox"/>	2-Day	<input type="checkbox"/>	2-Day	<input type="checkbox"/>		
3-Day	<input type="checkbox"/>	3-Day	<input type="checkbox"/>	Ground	<input type="checkbox"/>		
		Ground	<input type="checkbox"/>				

### **Credit Card Information**

Name (as it appears on card): \_\_\_\_\_

Billing Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type (Visa or MC): \_\_\_\_\_ Vcode: (Three Digit Code in Signature Box)

Number: \_\_\_\_\_ Exp: \_\_\_\_\_