

MyMovieTransfer.com Order form for 16mm High Definition Film Transfer

Please print & complete this order form. Return it along with your film & check to:

Payment by check is highly appreciated & helps us keep prices low.

Debenham Media Group 416 Mill St. Coraopolis, PA 15108

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Email _____

Part 1: Film Transfer

I have _____ feet of 16mm positive film at \$0.35 per foot -----\$ _____

Example: I have 2500 feet of 16mm film at \$0.35 per foot = 2500 x \$0.35 = \$875.

Add 5 cents per foot for magnetic or optical composite sound.

Optional: Second pass film cleaning (any size order) add \$20 -----\$ _____

Second pass film cleaning removes an additional 10-15% of surface dirt from film before scanning.

Part 2: Recording Media

All high definition film transfers are recorded to USB 2.0 portable hard drives.

160GB hard Drive: \$135, 250GB hard Drive: \$175, 500GB Hard Drive: \$250, 1000GB Hard Drive: \$350

Clients may supply an EXTERNAL hard drive & pay a \$100 data loading charge per drive, data reliability on client supplied drives is the sole responsibility of the client. All clients are very strongly urged to back up the data on the hard drive upon receipt of the hard drive.

Size of drive: _____ GB Price of Drive: \$ _____ per drive -----\$ _____

Choose File format: Motion JPEG-A (50GB/Hour) Component 4:2:2(290GB/Hour)
 Animation (370GB/Hour) Raw (440GB/Hour)

Standard Definition one hour DVDs generated from 1080p files are \$25 each-----\$ _____

Part 3: Return shipping

Flat rate return shipping is just ----- \$15.00

Sent by FedEx Ground with delivery tracking number. Or by USPS for Alaska, Hawaii and Canada.

Send Signature required. (optional) Add ----- \$ 7.50

Your transfer will not be left unless someone is available to sign for the delivery.

ESTIMATED ORDER TOTAL-----\$ _____

I have read & agree to the Terms & Conditions.

I own the images on this film or am authorized by the copyright holder to duplicate this film.

Signed _____ Date _____

If paying by Visa or MasterCard, please print the following information clearly.

Name on card _____ Card # _____

Expires _____ Security code _____

If billing address is different than address above, please enter it below.

Street address _____ City _____ State _____ Zip _____

Please Make Checks payable to DMG. PA residents must add 7% Sales tax. Please number your film reels in ascending order. We will splice your film onto 13 inch archive reels & transfer the film in the order that you have prescribed. Questions? Call 1-800-865-7172