# MatsonCreative.com - FILM TRANSFER FORM

**Customer must sign order at bottom of order form**

Name:_____
Address:_____

City:_____State:____

Zip:_____

Home Phone: (____)_____-_____
Work Phone: (____)_____-_____

Return Shipping: (circle)
FEDEX Ground / FEDEX Overnight

Transfer my film to: Make extra copies

- ☐ DVD _____
- ☐ VHS tape _____
- ☐ DV Format* (miniDV tape) _____
- ☐ DV-CAM (incl. music & titles) _____
- ☐ .avi Format*

*No title or music option available

Payment Option:

Visa MasterCard
Circle one

_____
Credit Card Number

_____ _____ _____
3 Digit Security Code (from back of card)

**Exp. Date:** _____/_____
MM YYYY

**Name on Card:**_____

**Billing Address of Card:**

_____

_____

**City:** _____ **ST**____

**Zip**_____

Opening Title: please choose one

- ○ The _____ Family Film Memories
- ○ _____ Memories

**NOTE: Before any work begins, a Matson representative will call you to confirm receipt of your order and give you an estimate of the costs to transfer, duplicate and return ship your order.**

_____ _____
**Customer Signature agreeing to order submission** **Matson Representative Confirming Order**