

Order Form

Kodak and Fuji 35 mm Color Print Film



NEW ROLLS OF 35MM FILM
We only process and sell C-41 color print film.

		Quantity
FUJI 35mm Film	Indoor & Outdoor	
	24 exp 200 film	\$4.49
	36 exp C200 film	\$4.79
	All Occasions	
	24 exp 400 film Superia X-Tra	\$4.95
	36 exp 400 film Superia X-Tra	\$6.99
Kodak 35mm Film	Color Plus	
	24 exp 200 film Color Plus	\$4.69
	36 exp 200 film Color Plus	\$4.79
	ULTRAMAX	
	24 exp 400 film ULTRAMAX	\$4.69
	36 exp 400 film ULTRAMAX	\$4.89
ILFORD 35mm Film	B&W FILM	
	B&W (C-41 processing only)	
	24 exp 400 film XP2 Super 400	\$6.99
	36 exp 400 film XP2 Super 400	\$8.49

Name: _____

Phone# _____

Email: _____

Your email address is required for upload service, shipment notification, and Paypal payments.

The Photo Place, Inc.
480 S Canfield Niles Rd.
Youngstown, OH 44515

Questions?
(330) 799-7771 M-F 9 to 7
info@photoplaceonline.com

Subtotal \$ _____

Ohio residents add Sales Tax 7.25% \$ _____

Shipping Choices		
USPS 1-10 rolls	\$5.00	\$ _____
USPS Unlimited Rolls	\$9.00	
USPS Express	\$35.00	
UPS Ground	\$18.00	

Order Total \$ _____

Pay with Credit Card, Check, or
Paypal (email address required)
See billing section on page 2

Submitting any film, print, slide, or negative to this firm for processing, printing or other handling constitutes an AGREEMENT by you that any damages or loss by our company, subsidiary or agents, even though due to negligence or other fault of our company, subsidiary or agents, will only entitle you to replacement with a like amount of unexposed film and processing. Except for such replacement, the acceptance of the film, print, slide, or negative is without other warranty or liability, and recovery for any incidental or consequential damages is excluded.



Cut out this postage paid mailing label and use it to send us your film. Your package will not be tracked with this label. You must use USPS Priority Mail to get tracking.

Billing & Shipping Information

Order Total

From Page 1 \$ _____.

Pay by: **Check** **Credit Card**

Make checks payable to The Photo Place, Inc.

Paypal Paypal account email address required. We will send you an invoice to approve.

Your Shipping Information

Name _____

Street _____

City _____ State _____ Zip Code _____

Email Address _____

(_____) _____ - _____
Daytime Phone

(_____) _____ - _____
Alternate Phone

Credit Card Information

Credit card statement address if different from shipping address

Name _____

Street _____

City _____ State _____ Zip Code _____

Visa® MCard® Amex® Disc®

Credit Card Number

Expiration Date

_____|_____|_____|_____|

Security Code

_____|_____|_____|_____|

Signature _____