transpacolor
imaging specialists

REPRINT ORDER FORM

CUSTOMER NAME _____

ADDRESS _____

_____

EMAIL _____ POSTCODE _____

DAYTIME TELEPHONE NUMBER _____ ACCOUNT NUMBER _____

REPRINT ORDERS FROM NEGATIVES, TRANSPARENCIES & DIGITAL FILES

B/W NEG. COL NEG. TRANSPARENCY OR DISK	FRAME NUMBER/ FILE NAME	NUMBER OF PRINTS	PRINT SIZE	UNIT PRICE INC. VAT	TOTAL AMOUNT INC. VAT	GLOSS OR LUSTRE

- From our price list choose the correct print format appropriate to your film or digital file.
- Indicate quantity of originals and quantity off each in appropriate column.
- Please specify Gloss or Lustre paper surface - in the absence of specific instructions prints will be supplied Gloss.

SPECIAL INSTRUCTIONS

TOTALS	£	
SPECIAL DELIVERY (IF REQUIRED)	£	
TOTAL ORDER (MIN £3.00)	£	
OFFICE USE ONLY		

OFFICE USE ONLY
DATE RECEIVED

Transpacolor Dept WB FREEPOST LE5 216 Leicester LE2 7ZW
Tel: 0116 255 0726 email: info@transpacolor.com website: www.transpacolor.com