

ORDER FORM

Name: _____

Address: _____

Telephone: _____

Email: _____

Nature of Post Production Work Needed:

_____ **Video Editing** _____ **Still Graphics** _____ **Motion Graphics**

_____ **BD/DVD Auth.** _____ **BD/DVD Dup.** _____ **BD/DVD Rep.**

_____ **Streaming Video** _____ **Film Transfer** _____ **Video Transfer**

_____ **Web Design/Dev.** _____ **Rental** _____ **Slides/Negatives**

_____ **Animation** _____ **Presentation** _____ **Other**

Anticipated Delivery Date:

Request Rush Service: _____ **Yes** _____ **No**

Please inquire about rush needs at time of order, if applicable. Additional charges will apply for rush service.

Have us call or email w/estimate: _____ **Yes** _____ **No**

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Method of Payment:

_____ **Cash (U.S. Currency)** _____ **Money Order/Cert. Check**

_____ **Credit Card (note type, expiration date, billing address, security code)**

Orders subject to 6% Maryland Sales Tax

Please mail with materials or e-mail/mail/fax this form to:

*Pro Cuts Editing Services
2138 Priest Bridge Court, Suite 1
Crofton, MD 21114 USA
(443) 274-6060 (FAX)
kgd at procutsediting dot com*