NAME _____ CUSTOMER No. _____
(BLOCK CAPITALS PLEASE)

ADDRESS _____

_____

_____ POSTCODE _____

DAYTIME PHONE No. _____ No.

ORDER FORM

LAB 35 IMAGING
Quality Processing by Mail Order

True Colour Imaging Ltd, 49 Guildford St, Luton, LU1 2NJ, Tel: 01582 511953,
Email: trucolour@outlook.com

BLACK AND WHITE ORDER FORM

FOR OFFICE USE

CARD NO. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ EXPIRES _____

ISSUE _____

SIGNATURE _____ DATE _____ ORDER VALUE _____

Dev and Print 120 B&W						
Film Size Exp.	5x5	8x8	7x5	8x6	Contact Sheet	
120/12						Number of Films
120/15						Number of Films
120/10						Number of Films

FILM COST
Sub Total

35mm B&W Package				
6 x 4	7½ x 5	8 x 6	Contact Sheet	
				Number of Films

Please refer to the Price List for Package Deal details

NEG NUMBERS (IN ORDER)	ENTER SIZE OF PRINT REQUIRED				SPECIAL INSTRUCTIONS/COMMENTS e.g. HAND PRINT, MACHINE PRINT, ETC.	COST	
	QUANTITY	QUANTITY	QUANTITY	QUANTITY			