

MovieStuff Equipment Order Form

Process Date _____

(do not fill in)

Please indicate the quantity in blank next to item being ordered.

RetroScan Universal 2K movie scanner with UltraLite source already installed x _____

Dual-8 Gate x _____ 9.5mm Gate x _____ 16mm Gate x _____ Slide Gate x _____

Specialty Gates : 17.5mm Gate x _____ Custom _____ x _____ (call for quote)

RetroSync Sound Module x _____ 2K Camera Kit x _____ UltraLite Kit x _____

Shipping address (no PO box) Please PRINT clearly to avoid errors. Do not use cursive.

Name: _____ Company: _____

Day phone: _____ (include country code for international)

Email address: _____ @ _____

Street: _____ Apartment / Suite: _____

City: _____ State / Province: _____

Zip / Postal Code: _____

Payment Method (please circle)

PayPal Cashier's Check Company Check Wire Transfer Credit Card

Date Payment Sent by You: _____ Date Received by Us _____

(do not fill in)

Total payment authorized, including shipping or any wire transfer fees \$ _____

Split Payments for approved customers only. Please indicate method & committed dates.

Payment #1 PayPal -or - Card ending in _____ on _____
committed pay date

Payment #2 PayPal -or- Card ending in _____ on _____
committed pay date

The following must be signed for your order to be scheduled in a timely manner:

I have read the Pre-Order Info Page,
I agree with the terms stated, and
I understand that all sales are final.

signed