

Video Tape Transfer Work Order Form

Customer Name: _____

Phone Number: _____

Mailing Address: _____

Date of Order: _____

I want my tapes put on:

DVD External Hard Drive Both

IF DVD, how many copies of the DVD(s) would you like? _____ DVD copies

IF hard drive, which type of computer will the drive be used on? PC Mac

How would you like each tape labeled?

Use whatever is written on the tape for labeling (*we'll do our best*)

I don't care (labels will read tape 1, tape 2, tape 2, etc.)

Other/Explain _____

Special Notes: _____

Delivery: Pick up Deliver to address above (S&H fees apply)

This service is provided by **Active Imagination, LLC, 408 Investors Place Suite 102, Virginia Beach, VA 23452, 757-412-1016**. Please allow up to 2 weeks for your order to be complete. We will contact you if we have questions or problems with your project. Final payment is due in full before delivery of project.

Internal Use Only:

Amount of Remittance: \$ _____ Invoice Reference: _____

Credit card number

Exp. Date

3 digit code