

Send to: **MEMORY KEEPERS** 216 S. Main Street, #2A Naperville, IL 60540

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630-717-0278	1111
YOUR CONTACT INFORMATION (Please Print Neatly)	
Name:	Home Phone:
Address:	Work/Cell Phone:
	Email:
City:	
State, Zip:	
YOUR ORDER INFORMATION	
	PLEASE NOTE:
Since we provide such a wide variety of services and options, this order form may be inadequate to provide us with all of the information we need. Please complete this form and mail it with your items to the address above. Upon receipt of your items, we will call you to obtain any additional information that we need to meet all of your expectations!	
What are you sending to us (circle): FILM TAPES	SLIDES/NEGATIVES/PHOTOS OTHER (specify below)
Would you like to receive your items on (circle): CD	DVD BLURAY Digital Files (on a hard drive)
Are your items numbered, or should we transfer in ran	dom order (circle): NUMBERED RANDOM
Would you like your DVD/CD to be labeled for an additional charge of \$5 per disk (circle): YES NO If YES, what should we use as a title:	
How many copies would you like to receive: ORIGIN	IAL plus ADDITIONAL copies
lf we are converting to hard drive (digital files), are yoເ	
ii we are converting to hard drive (digital mes), are you	r providing the hard drive/usb. TES NO
If we are converting to hard drive (digital files), what o	perating system do you use: MAC WINDOWS ("PC")
CREDIT CARD INFORMATION (We accept Visa, Maste	erCard, Discover & American Express)
Credit Card Number:	
Expiration Date:	
Security Code (4 digits for Amex, otherwise 3 digits)	
Billing address for this card:	Same as mailing address, above:
g accessor and care.	Other (specify):
Customer Signature:	

NOTE: Memory Keepers will charge approximately 50% of estimated total quote as a deposit. The remaining balance, plus UPS shipping, will be charged upon completion of work. If you prefer to provide credit card information over the phone, we will call you upon receipt of your order.