

Video Transfer Order Form

Name:			
Address:			
City:	State:	Zip:	
Phone: (day) P	(day) Phone:		(eve)
Email:			
TAPE INFORMATION: Number of tapes	Are tapes nu	ımbered? Yes	□ No □
☐ VHS Qty ☐ VHS-C Qty ☐ SVHS	Qty	V Qty 🔲 H	li8 Qty
☐ Digital 8 Qty ☐ Video 8mm Qty	☐ Betamax Qty	PAL VH	S Qty
☐ OTHER			
TRANSFER FORMAT: DVD WILL PR	OVIDE EXTERNAL	_ HARD DRIVE	
Disc Title:			
<u>NOTE:</u> All titles must be typed or clearly handwritten. Ple can be attached. Titles can be up to 20 characters include			
ADDITIONAL COPIES: Duplicates from the digital ma	asters can be made fo	r an additional fee.	
Please indicate number of additional copies: Number_	DVD Copies		
Payment type: Money Order Cashiers Che	eck Check (All Chec	cks/Money Orders require 14 da	y clear period.)
Credit Card:	erican Express 🗌 D	iscover	

NEW SHIPPING ADDRESS: 2413 W. Algonquin Road #158 – Algonquin IL 60102

Audio Tape Transfer & 847-485-9091 & www.audiotapetransfer.com & support@audiotapetransfer.com