Customer ID	Order ID	Date Re'd	Date

Bill To			**Ship to (___Same as Bill To)**		
Company:			Company:		
Address:			Address:		
City:	ST:	Zip:	City:	ST:	Zip:
Attn:			Attn:		
Phone:			Phone:		
Fax:			Fax:		
E-Mail:			E-Mail:		
Billing Method	**PO#**		**Shipping Method**		
__Visa __ MasterCard __Amex __Sending Check __C.O.D Card Number: Exp. Date: Name on Card: Billing Address For Card: (___Same as above) _____			__E-mail __First Class Mail __ Priority Mail __Express Mail __UPS Ground __ UPS Blue 2-day __UPS Red Overnight __Special Instructions:		

___Labels	**___Digital EPS**	**___Film Master**	
Size:	___Mac ___PC	___Neg ___Pos	___Up ___Down
Quantity:	Size:	Size:	
	Amount of Press Gain (BWR):	Amount of Press Gain (BWR):	

UPC / ISBN ORDER FORM **DESCRIPTION / TITLE**

FOTEL 1125 E. St. Charles Rd., Ste. 100 Lombard IL, 60148 Phone: (800)834-4920 Fax: (630)932-7610 Web: www.fotel.com