

Video/DVD Conversion & Duplication

v.08.09.08

Order Form - enclose this completed sheet with your original materials and send to:

Cleaford Services Ltd

46 Hazell Road

FARNHAM

GU9 7BP

Customer Name:

Credit Card No: _____

Address:

Expiry: ____/____

Start: ____/____

Issue No: _____

Security Number: _____

(we will not charge your card until the work is completed)

Post Code:

Customer Phone:

Customer email:

Customer signature:

Date:

Type of original material (VHS, Hi8, etc):

Length of programme to be copied:

Number of DVD copies required:

Text for DVD face printing:

Special instructions: