



# ORDER FORM

TruVision Videography, LLC.  
 P.O. Box 1106, Fairburn, GA 30213  
 (404) 380-1241

BILLING AND SHIPPING INFORMATION		
Name		
Company		
Address		
Address		
City	State	Zip
Phone	Phone	
Email		
Email		

METHOD OF PAYMENT	
Credit Card Number	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiration (MMYY)	Panel Code (Amex 4 digits, others 3)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> PayPal <input type="checkbox"/> Google	<input type="checkbox"/> <input type="checkbox"/>
<p><b>Please Note:</b> Your credit card will not be charged until you have approved the cost of the order. For <b>PayPal</b> and <b>Google Checkout</b> purchases, an email invoice will be sent once the amount of the order has been determined.</p>	

SOURCE TAPE FORMAT	TITLE FOR DVD DISC	QUANTITY
<input type="checkbox"/> Betamax <input type="checkbox"/> VHS <input type="checkbox"/> 8mm/Hi8/D8 <input type="checkbox"/> MiniDV <input type="checkbox"/> Other		
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<input type="checkbox"/> Betamax <input type="checkbox"/> VHS <input type="checkbox"/> 8mm/Hi8/D8 <input type="checkbox"/> MiniDV <input type="checkbox"/> Other		
<p>Your will receive email confirmation and a total price once your materials have been reviewed and your order entered into our system.</p> <p>Please feel free to attach additional copies of this form, or other special instructions, as needed.</p>	Special Instructions	

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form, and your source material to:  
 TruVision Videography, LLC  
 P.O. Box 1106  
 Fairburn, GA 30213

Thank you for choosing *TruVision Videography, LLC*