



Midwest Productions – Video Transfer Order Form

Please complete this form and include with your order. If shipping order in multiple boxes, please include a copy of this form in each box.

CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (day) Phone: _____ (eve)

Cell Phone: _____ Email: _____

Ship Transfer To:

Address: _____

City: _____ State: _____ Zip: _____

TAPE INFORMATION: Number of tapes _____ Are tapes numbered? Yes No

Beta Qty _____ Digital 8 Qty _____ Hi8 Qty _____ Mini DV Qty _____

SVHS Qty _____ VHS Qty _____ VHS-C Qty _____ Video 8mm Qty _____

Other _____ Qty _____

TITLES:

We can add a title onto the disc. Following is a sample you can use or provide your own:

Disc Title: The _____ Family Movies

Please title my disc: _____

ADDITIONAL COPIES:

Duplicates from the digital masters can be made for an additional fee. Please indicate number of additional copies:

Number _____ DVD Copies

Payment: Payment type: Money Order Cashiers Check Check (Requires 14 day clear period)
Credit Card: Master Card Visa American Express

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Prices subject to change without notice