


Absolute Video Services - Service Order

Please print this form, complete information, sign and send it with your material to:

Absolute Video Services 20 N Harrison St Batavia, IL 60510

Customer Name:	Business Name:	
Shipping address:	Email:	
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:

Please use the back of this page for any additional information or special instructions 

VHS Duplication/Repair	Number of copies to be made:
How to label new tapes:	

DVD Duplication/transfer	Number of copies to be made:
How to label new DVDs:	
<input type="checkbox"/> Paper sleeve <input type="checkbox"/> Clear slim case <input type="checkbox"/> Full DVD case with basic insert	

PAL/SECAM/NTSC Conversion	Number of copies to be made:
How to label new tapes:	

Photo Montage			
Number of Photos:	Numbered:	to:	Package #:
Photo to use for insert and disc face #:		How to label tapes discs:	

Open/close text Pages to read:

Customer takes full responsibility for quality and content of provided source material or tapes. By signing customer acknowledges that customer has rights and permissions to duplicate said material and takes full responsibility for any and all potential copyright infringements from all Provided materials and duplications made and agree to hold harmless and indemnify Absolute Video Services from any potential liability arising from this transaction :

Customers signature: _____ **Date:** _____

To pay with a **credit card** please complete the information below and sign .

Credit card number:		Circle card type
Expiration date:	3 digit card code (on back of card):	VISA M/C Discover Amex

Name on card: _____ Signature: _____

(by signing I authorize Absolute Video Services to charge my credit card for total of services/ provided)

Credit card billing address if different than shipping address listed above: