

5708 Arundel Ave E: info@colorlab.com
Rockville, MD 20852 W: www.colorlab.com
9:00am - 6:00pm P: 301-770-2128

Date: _____ Contact Name: _____ Phone Number: _____

Company Name: _____ Email: _____

Project Title: _____

Processing

# of Cans	Size	Film Stock #	Roll #s	Super 8, Reg 16, Super 16, 35mm 4/3/2 Perf	Normal, Push 1*, Push 2*, Pull 1*, Pull 2*, Cross-Process

Estimated Footage Total: _____ Number of: Rolls: _____ & Shooting Days: _____

(If cans are not numbered they will be numbered by the lab. *Push & Pull results in additional fees. Additional rows are available on the second page.)

Prep & Cleaning

Process & Ship*: _____ Process, Prep, Leader, Clean & Ship*: _____ Process, Prep, Leader, & Clean: _____

Scanning

File Delivery: _____ Format: _____ File Type: _____
(Upload*, Purchase Drive*, or Load to Submitted Drive) (MAC, NTFS, ExFAT, N/A) (DPX*, ProRes4444, DnXHR, FFv1, other)

Framing: _____ Image Area Resolution: _____
(Framed to Image, Overscan, or Maximum Overscan) (Framed to Image - HD-6.5K. IF GETTING OVERSCAN - 2K+, 4K+, 5K+, 6K+)

FPS: _____ Color Grading: _____ Additional File Type*: _____
(FRAMES PER SEC) (RAW, One-Light, Best-Light, or Full Scene-to-Scene*) (N/A, ProRes Proxy, DnXHD, h.264, other)

Work Print

(Only select Work Print if you need a Workprint. Select Scan & Workprint if you require both a Scan and a Workprint.)

One Light: _____ - TIMED TO _____ (GRAY CARD, FIRST / LAST SCENE, LAB NORMAL, ETC)

Best Light: _____ - (Multiple adjustments) Notes: _____

Fully Timed: _____ - (Scene-to-Scene adjustments) Notes: _____

(*May result in additional fees and additional time to completion.)

(All submitted drives are subject to be formatted upon their arrival.) (All uploads will be available for 2 weeks.)

(Negative reports available upon request.) (By sending in film you agree to all <http://colorlab.com/termsandconditions.html>)



Process & Scan Spec Sheet

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Shipping Information

Shipping Contact: _____ Email: _____

Shipping Address: _____
(Street) (City, State) (Zip Code)

Shipping Phone Number: _____ Hard Delivery Date: _____ (Optional)

Shipping Method: _____ Shipping Account Number: _____
(FedEx, UPS, USPS, Courier, Other) (Optional)

Shipping Speed: _____
(Ground, 2 Day, Standard Overnight, First Overnight, Priority Overnight, Other)

Marketing & Credits

Colorlab strongly encourages all productions to include the Colorlab logo in their finished films.

All company logos can be provided by request at info@colorlab.com

Additional Processing

# of Cans	Size	Film Stock #	Roll #s	Super 8, Reg 16, Super 16, 35mm 4/3/2 Perf	Normal, Push 1*, Push 2*, Pull 1*, Pull 2*, Cross-Process

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**credit card
authorization**

E: info@colorlab.com
W: www.colorlab.com
P: 301-770-2128

Credit Card Authorization Form

Please complete all fields, and attach this form with your spec sheet.

You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until canceled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):
Card Number:
CVC Number:
Expiration Date (mm/yy):
Cardholder Billing Address:

I, _____, authorize Colorlab Corp. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. I can cancel this authorization any time by emailing info@colorlab.com.

Customer Signature

Date