



Laser Recording Order Sheet

Date: _____ Project Title: _____

EFILM Project Manager: _____

Client Information:

Client Contact: _____ Phone Number: _____ Contact Email: _____ Fax Number: _____

Alt Phone Number: _____ Address: _____ PO#: _____ Billing Contact: _____

Billing Address: _____ Billing Phone: _____

Notes: _____

Project Information:

Incoming Media Type: <input type="checkbox"/> DTF1 <input type="checkbox"/> DTF2 <input type="checkbox"/> LTO <input type="checkbox"/> LTO2 <input type="checkbox"/> DLTIII <input type="checkbox"/> DLTIV <input type="checkbox"/> DVD <input type="checkbox"/> Client Firewire <input type="checkbox"/> Other	Resolution: <input type="checkbox"/> Full Rez 4K <input type="checkbox"/> Half Rez 2K <input type="checkbox"/> Other/Custom
Aperture Format: <input type="checkbox"/> Academy <input type="checkbox"/> Full Ap <input type="checkbox"/> Anamorphic	File Format: <input type="checkbox"/> Cineon <input type="checkbox"/> SGI/RGB <input type="checkbox"/> Targa <input type="checkbox"/> Other
Film Stock: <input type="checkbox"/> Neg <input type="checkbox"/> IP	Number Of Prints: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other
Film Type: <input type="checkbox"/> 35mm 4 perf <input type="checkbox"/> 65mm 5 perf <input type="checkbox"/> 65mm 8 perf <input type="checkbox"/> 65mm 10 perf	<input type="checkbox"/> 65mm 15 perf
Daylight Rush: <input type="checkbox"/> Yes <input type="checkbox"/> NO	Misc: <input type="checkbox"/> Develop Only <input type="checkbox"/> Saturday Daily <input type="checkbox"/> Client PU

Special Instructions:

Shot Name/Slate As	Start	End	Length

Please fill out as completely as possible and fax to: (323) 465-4509