

Video Transfer Order Form

Name: _____

Address: _____

Phone Number: _____

Email: _____

| Format (VHS, VHS-C, etc.) | # of copies | Tape Length | Transfer to |
|---------------------------|-------------|-------------|-------------------|
| | | | DVD or Hard Drive |
| Title of tape: | | | |

| Format (VHS, VHS-C, etc.) | # of copies | Tape Length | Transfer to |
|---------------------------|-------------|-------------|-------------------|
| | | | DVD or Hard Drive |
| Title of tape: | | | |

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|---------------------------|-------------|-------------|-------------------|
| | | | DVD or Hard Drive |
| Title of tape: | | | |

Please print this form, fill it out, and mail it with your media to:

Video Ventures
7315 La Jolla Blvd.

