

# Video Transfer Order Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Format (VHS, VHS-C, etc.)	# of copies	Tape Length	Transfer to
Title of Tape: _____			
Format (VHS, VHS-C, etc.)	# of copies	Tape Length	Transfer to
Title of Tape: _____			
Format (VHS, VHS-C, etc.)	# of copies	Tape Length	Transfer to
Title of Tape: _____			
Format (VHS, VHS-C, etc.)	# of copies	Tape Length	Transfer to
Title of Tape: _____			
Format (VHS, VHS-C, etc.)	# of copies	Tape Length	Transfer to
Title of Tape: _____			

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

**VideoVision**  
**1089 Bluewater Drive, #512**  
**Moneta, VA 24121**