

### 1. Contact Details

First Name \*

Last Name \*

Contact Number \*

E-Mail Address \*

Return Postage Address \*

### 2. Storage Media Devices \* (USB Drive and Cloud is recommended)

USB Drive     DVD Discs     Cloud Service (Digital files sent to your e-mail address)

How many copies of USB Drive do you require?

How many copies of DVD Discs do you require? (Please note 1 video per DVD is recommended)

### 3. Handling and Services

Standard Processing Completion (No additional cost, Roughly 7-14 Business Days)

5 Working Days Completion (Additional \$50.00)

1 Working Day Completion (Additional \$100.00, applies for under 10 tapes only)

### 4. Additional Information

Do you have any further inquiries you'd like to address? For example, video enhancements, costs.

Signature \*

Date \*

\*By signing this form, I authorize The Digital Service to commence the conversion process.