

Film Processing Certificate

This certificate **MUST** be enclosed with your camera in a return envelope.

How to Order

Please follow these step-by-step instructions to process your film.

1. Print and fill out the Order Form.
2. Cut out the Camera Tag at the bottom of the Order Form and tape it to your camera.

If you have more than one camera or roll of film, you may combine for shipping and payment. Be sure to tape a CAMERA TAG to each camera or roll of film.

3. On a 5"x7" envelope, fill out your return address and use this mailing address:

Smiletime Color Processing
3115 N. Roemer Rd.
Appleton, WI 54911-8637

4. Enclose Camera, Order Form and applicable Payment (cash, check, money order, or credit card information).
5. Seal envelope (use no staples), attach 5 stamps per camera and drop in the mail.

Please allow 14 days to receive your prints or CD.

No C.O.D.s - Offer open only to residents of the United States, including APO/FPO addresses.

If you need immediate assistance, please call 920-731-4561.

DO NOT FORGET TO INCLUDE PAYMENT!

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. Shipping Label – Please Print Clearly

First Name

Last Name

Address

City

State

Zip

Email Address

Camera Name? (ie. Store, Brand, Type)

X	Item	Special Price	Total
	Film Processing	\$3.50	
	Negatives Returned*	\$0.00	
	Email Prints to my Address (Provide Email Address above)	\$4.00	
	4x6 Prints*	\$5.50	
	Double Prints*	+ \$4.50	
** Double Prints Only Available with Purchase of First Set of Prints.			
	Photo CD*	\$5.00	
SUBTOTAL		=	
*SHIPPING & HANDLING (IF ANY RETURNS) +\$2.00		+	
WI RESIDENTS MUST ADD SALES TAX		+	
TOTAL ENCLOSED		=	

If **Email Prints to my Address** is selected, Smiletime does not keep your negatives longer than 90 days. Smiletime is not responsible for incorrect email addresses. \$2.00 Shipping and Handling charge is a single charge for all products selected.

Please make check or money order payable to **Smiletime Color Processing**. Fill out CREDIT CARD section if paying by credit card.

CREDIT CARD PAYMENTS ONLY

Name (First and Last, as it appears on the credit card)

Credit Card Number (VISA, Mastercard, AMEX only - Circle One)

Exp. Date (mm/yy)

Daytime Phone (Optional)

Camera Tag

FILM PROCESSING ORDERS ONLY.

IMPORTANT: Cut along the dashed line, write your name and address and tape to your camera.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

First Name

Last Name

Address

City

State

Zip

Email Address

Camera? (ie. Store, Brand, Type)