



# EDUCATIONAL ALLOWANCE PROGRAM

## Camera Film Order Form

**Eligibility:**

To be eligible to participate in this program, orders must be submitted on this form with the appropriate signatures and a copy of the student ID.

**Instructions:**

- Use the KODAK Motion Picture Price Catalog for completing this form.
- Fill in all items completely to insure accuracy in filling order.
- Contact Kodak Distribution Center for transportation charge if applicable at **1-800-621-FILM**.
- Use this form for all motion picture film student and film school orders.
- Mail, fax, or bring to the nearest Kodak Distribution Center.
  - Americas Region: Fax (800) 755-1816
  - Western Region: Fax (800) 648-9805

**Payment Options:**

- Motion Picture Film School:
  - Billed to existing account
- Motion Picture Film Students:
  - Charge to current VISA, Mastercard or American Express
  - Certified check or money order payable to Eastman Kodak Company
  - Cash

**Price and Conditions:**

Please refer to current KODAK Motion Picture Price Catalog.

**Return Policy:**

Return of goods will be assigned a 15% charge and must be returned within 48 hours of receipt.

### U.S. Customer Service Number for all Kodak Locations - (800) 621-FILM

Date \_\_\_\_\_ Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Street \_\_\_\_\_ E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Film School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Film School PO# \_\_\_\_\_ Film School Customer # \_\_\_\_\_

Course Name \_\_\_\_\_ Instructor \_\_\_\_\_ Project Name \_\_\_\_\_

Catalog No.	Film Type	Description	Perf. <small>Sing. or Doub.</small>	Qty. (rolls)	Price Per Roll	Total

**Shipment (Transportation Cost)**

Please check one:

- Federal Express Next Day Priority       DHL Next Day  
 Federal Express Saturday Delivery (if available)       DHL 2nd Day  
 Federal Express 2nd Day       UPS Surface

**Payment**

Please indicate type of payment:  Cash     Certified Check/Money Order     Credit Card

If paying by credit card:  VISA     Mastercard     American Express

Card number \_\_\_\_\_ Security code\* \_\_\_\_\_

Name on card \_\_\_\_\_ Exp. date \_\_\_\_\_

Billing address \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty signature \_\_\_\_\_ Date \_\_\_\_\_

Purchasing Dept. signature \_\_\_\_\_ Date \_\_\_\_\_

<b>TOTAL</b>	
30% Educational Allowance	-
2% Cash Discount <small>(not applicable to Credit Card purchases)</small>	-
Transportation	+
Sales Tax	+
<b>Net Amount Due</b>	

\*LAST 3 DIGITS IN SIGNATURE STRIP ON BACK OF CREDIT CARD