



Media Services

A Worldlink Technologies Group, Inc. Company

Ship Your Project to:

HD Media Services
4931 SW 76th Ave, Suite #373
Portland, OR 97225

Your Contact Information:

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| | | | |
|------------------------|--|----------------------|----------------------|
| First / Last Name: | | Company: | |
| <input type="text"/> | | <input type="text"/> | |
| Address: | | Suite / Apt. | |
| <input type="text"/> | | <input type="text"/> | |
| City: | State: | Zip: | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Daytime Phone: | Email Address: <small>Be sure that you register on our website so that you will receive project updates!</small> | | |
| <input type="text"/> | <input type="text"/> | | |
| For Internal Use Only: | Order Date: | Customer ID: | Order ID: |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2

| Your Order | | | |
|---------------------|----------|------------|-----------------------|
| Service Description | Quantity | Price Each | Total Price |
| | | | |
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| | | | |
| | | | |
| Shipping Method: | | | |
| | | | Estimated Total Cost: |

3

| Payment Information | | |
|--|----------------------|----------------------|
| <input type="checkbox"/> I have enclosed a check made out to "HD Media Services" | | |
| Credit Card #: | Expiration Date: | CVV Digits: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Billing Address: | | Suite / Apt. |
| <input type="text"/> | | <input type="text"/> |
| City: | State: | Zip: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <small>I have permission to make copies of the enclosed tapes, film or images and authorize you to charge the services I have selected to my credit card. I hold HD Media Services, Worldlink Technologies Group, Inc. and its employees harmless from any loss resulting in services performed.</small> | | |
| Signed: | | Date: |
| <input type="text"/> | | <input type="text"/> |