

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 this form to place orders for all Motion Picture Film student and Film School orders.
- Mail, Fax or bring to the nearest Kodak Distribution Center.
- NYC - Fax (800) 755-1816
- Hollywood - Fax (800) 648-9805
- For complete pricing information go to our website @ www.kodak.com/go/motion
- Contact Kodak at 1-800-621-FILM (3456) for questions regarding your order.

Payment Options:

- Motion Picture Film School:
 - Billed to your existing account.
- Motion Picture Students:
 - We accept VISA, MC and AMEX.
 - Certified check or money order payable to Eastman Kodak Company.
 - Cash (accepted in the Hollywood and NYC locations only)

Price and Conditions:

Please go to www.Kodak.com/go/motion

Return Policy:

All goods are sold without return privileges and require pre-authorization. Authorized Return of goods will be assigned a 10% charge and must be returned within 72 hours of receipt. Visit our website for complete Return Policy details.

U.S. Customer Service Number for all Kodak Locations - (800) 621-FILM (3456)

Date _____ Student Name _____ Student ID# _____

Street _____ E-mail address _____

City _____ State _____ Zip _____ Phone _____

Film School Name _____ City _____ State _____

Course Name _____ Instructor _____ Project Name _____

Film School PO# _____ (If using school account number.)

In addition we may require a fax of the school purchase order .

Catalog No.	Film Type	Description	Qty (Rolls)	Price Per Roll	Total

Shipment

Please check one:

- ☐ Federal Express Next Day Priority ☐ UPS Next Day
☐ Federal Express Saturday Delivery (if available) ☐ UPS 2nd Day
☐ Federal Express 2nd Day ☐ UPS Ground

Determine total order value (optional)
Total

30% Educational Allowance

2% Cash Discount

(not applicable to Credit Card purchases)

Transportation

Sales Tax

NET AMOUNT DUE

Payment

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

If paying by Credit Card: ☐ VISA ☐ Mastercard ☐ American Express

Card Number _____ Security Code* _____ *Last 3 digits in

Name on card _____ Expiration Date _____ signature strip

Billing address _____ on back of card

Student signature _____ Date _____

Faculty signature _____ Date _____

Purchasing Dept. signature (if charging to school account) _____

Date _____