



FILE  
LETTER



**Alpine  
Camera**

621 W. Golf Rd.  
Des Plaines, Illinois 60016  
847-593-4890

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PHONE \_\_\_\_\_

*LIMIT: ONE ROLL OF FILM OR ONE SIZE OF NEGATIVE PER ENVELOPE*

323

*IF NOTHING IS MARKED, YOU WILL RECEIVE 4 X 6 SINGLE GLOSSY PRINTS*

FILM TYPE	FILM SIZE	EXPOSURES
<input type="checkbox"/> COLOR	<input type="checkbox"/> 135	<input type="checkbox"/> 12
<input type="checkbox"/> B & W	<input type="checkbox"/> 126	<input type="checkbox"/> 15
<input type="checkbox"/> EKTACHROME	<input type="checkbox"/> 110	<input type="checkbox"/> 20
<input type="checkbox"/> KODACHROME	<input type="checkbox"/> DISC	<input type="checkbox"/> 24
<input type="checkbox"/> OTHER	<input type="checkbox"/> APS	<input type="checkbox"/> 27
		<input type="checkbox"/> 36
		<input type="checkbox"/> 40

PRINT SIZE
3X <input type="checkbox"/>
4X <input type="checkbox"/>
5X <input type="checkbox"/>

NUMBER OF PRINTS
SINGLES <input type="checkbox"/>
DOUBLES <input type="checkbox"/>
TRIPLES <input type="checkbox"/>

CHECK HERE FOR MATTE FINISH

**SPECIAL INSTRUCTIONS:**