

# 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](http://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](http://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\* \_\_\_\_\_

Name on card \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

\*Last 3 digits in  
signature strip  
on back of card

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

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

Purchasing Dept. signature (if charging to school account) \_\_\_\_\_

Date \_\_\_\_\_