

KODAK LAB AGREEMENT FORM (U.S.).



***PLEASE NOTE: All payments are made with credit card unless you receive terms or set up wire-transfer or cashier's check. ***

Please mark x to indicate if you do or do not have payment terms set up with Kodak. If you do not know, please contact your Kodak representative:

| | |
|---|--|
| <input type="checkbox"/> YES, I do have terms | <input type="checkbox"/> NO, I do not have terms |
|---|--|

PRODUCTION INFO:

Project Title: _____

Production Company: _____

Studio Name: _____

Principal Photography Start Date (m/d/y): _____ End Date (m/d/y): _____

PRODUCTION CONTACT INFO FOR LAB BILLING:

Name: _____

Email: _____ Phone: _____

Billing Address: _____

PRODUCTION CONTACT FOR ARRANGING FILM DROP-OFFS AND PICK-UPS:

Name: _____

Email: _____ Phone: _____

PAYMENT METHOD AND INFORMATION:

Please mark to indicate your preferred payment method.

CREDIT CARD

NAME: _____ PHONE: _____

(FOR N.Y. LAB ONLY) Submit wire transfer payment to:

**PNC BANK, ABA #043000096, Eastman Kodak Company, ACCT#
0002446372**

WIRE TRANSFER

For the N.Y. LAB, please overnight checks to:

**PNC BANK FIRSTSIDE CENTER, ATTN: EASTMAN KODAK CO. LOCKBOX
DEPT #640350, 500 FIRST AVENUE, PITTSBURGH, PA 15219**

CASHIER'S CHECK

For the ATLANTA LAB, please overnight checks to:

**EASTMAN KODAK COMPANY COD, ATTN: TREASURY CHECK DESK –
00248 343 STATE STREET, ROCHESTER, NY 14650**

THIS SECTION TO BE FILLED BY A KODAK REP OR KODAK LAB MANAGER ONLY:

Please mark to indicate which films are to be dropped off at the lab and enter negotiated price per foot (PPF) for processing:

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> COLOR 35mm | <input type="checkbox"/> COLOR 16mm |
| PPF: _____ | PPF: _____ |
| <input type="checkbox"/> COLOR S8mm | |
| \$25 per roll | |

Minimum order \$100 / Push & Pull processing additional \$0.05 per ft. per stop.

Kodak's Laboratory General Terms of Service (the "Terms of Service") can be found at <https://www.kodak.com/go/labterms> and constitutes as part of this Lab Agreement Form. You acknowledge that by signing this Lab Agreement Form you agree to be bound by the Terms of Service. Kodak reserves the right to make non-material modifications to the Terms of Service and any such modifications will be available at the above-referenced location.

SIGNATURES:

Authorized Production Rep: _____
Signature *Date*

Kodak Lab Manager: _____
Signature *Date*