

VIDEO TRANSFER FORM



Please print this form, enter your details and send to us with your Tapes.

*	DATE SENT:					
	COMPANY NAME:					
*	NAME:					
*	ADDRESS:					
*	POSTCODE:			COUNTY:		
*	TEL:			MOBILE:		
*	EMAIL:					
*	QUANTITY SENT:			★ TYPE:	/HS VHS C VID 8MM MINI DV BETA MI	IXED
*	MEDIA:	DEO TO DVD	VIDEO TO mp4 (on USB drive)	VIDEO TO mp4 (Down	nload link) RETURN TAPES (EXTRA COST)	
					YES! NO!	
*	FURTHER REQUIRE	URTHER REQUIREMENTS:				
We will contact you before proceeding to discuss your requirements, Costs etc. please leave you contact details above.						
CUT OFF OUR ADDRESS AND TAPE TO YOUR PACKAGE						
>						
SEND TO					★ SENDER	
RADIOWAVES 36a Church street				NAME:		
				ADDRESS:		-
Stenhousemui			ir			-
Stirlingshire FK5 4BX					POSTCODE:	-
					- [