



5708 Arundel Ave E: info@colorlab.com  
 Rockville, MD 20852 W: www.colorlab.com  
 9:00am - 6:00pm P: 301-770-2128

# film out Spec Sheet

Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Project Title: \_\_\_\_\_

### Submitted Video Specifications

*Do not leave any line blank in this section - email questions / notes to [info@colorlab.com](mailto:info@colorlab.com)*

TRT: \_\_\_\_\_ FPS: \_\_\_\_\_ Resolution: \_\_\_\_\_ x \_\_\_\_\_ Color Space: \_\_\_\_\_

File Type: \_\_\_\_\_ File Submission via: \_\_\_\_\_ (Upload, or Hard Drive Delivery)

*(If the submitted video file is not 23.98fps, 24fps, or 25fps an encoding charge will be applied.)*

### Delivery Time:

Normal (within 10 Business Days) \_\_\_\_\_ Weekend Open\* (Call) \_\_\_\_\_

Rush\* - Filmout & Print (3 - 5 Business Days) \_\_\_\_\_ Rush\* - Filmout & Scan (2 - 3 Business Days) \_\_\_\_\_

### Video to Negative - (3 minute minimum)

**Custom 16mm Recorder** - 16mm Negative Only \_\_\_\_\_

w/ Scan back to Video \_\_\_\_\_

w/ Answer Print, Silent \_\_\_\_\_

w/ Answer Print & Optical Soundtrack \_\_\_\_\_

**Arri Laser II** - 35mm Negative Only \_\_\_\_\_

w/ Scan back to Video \_\_\_\_\_

w/ Answer Print, Silent \_\_\_\_\_

w/ Answer Print & Optical Soundtrack \_\_\_\_\_

w/ Answer Print & Dolby Soundtrack \_\_\_\_\_

### Video Direct to Print - (10 minute minimum - Highly recommend all scan backs be recorded to negative.)

**Cinevator** - 35mm Direct Print: Full Aperture \_\_\_\_\_

Full Aperture, Silent \_\_\_\_\_

w/ Scan back to Video \_\_\_\_\_

**Cinevator** - 35mm Print: Academy Aperture \_\_\_\_\_

w/ Dolby or Optical Soundtrack \_\_\_\_\_

w/ Scan back to Video \_\_\_\_\_

### Digital Deliverable Specifications

Shipping Back Film Elements: \_\_\_\_\_

*(Ship or Destroy Film Elements)*

File Delivery: \_\_\_\_\_

*(Upload\*\*, Purchase Drive, or Load to Submitted Drive)*

Drive Format: \_\_\_\_\_

*(MAC, NTFS, ExFAT)*

File Type(s): \_\_\_\_\_

*(DPX\*, ProRes4444, DnXHR, other)*

FPS: \_\_\_\_\_

*(23.976, 24, 25, etc)*

Framing: \_\_\_\_\_

*(Framed to Image, Overscan, Edge to Edge)*

Resolution: \_\_\_\_\_

*(Up to 6.5K)*

Image Area Resolution: \_\_\_\_\_

*(If getting an Overscan or Edge to Edge Scan)*

*(\*May result in additional fees. All drives will be formatted upon their arrival. Thunderbolt 3 or higher for all Rush Jobs)*

*(\*Submitted files delivered after 9am are counted as the next day. All uploads will be available for 2 weeks.)*



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**credit card  
authorization**

E: [info@colorlab.com](mailto:info@colorlab.com)  
W: [www.colorlab.com](http://www.colorlab.com)  
P: 301-770-2128

### Credit Card Authorization Form

Please complete all fields, and attach this form with your spec sheet.

You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until canceled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):
Card Number:
CVC Number:
Expiration Date (mm/yy):
Cardholder Billing Address:

I, \_\_\_\_\_, authorize Colorlab Corp. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. I can cancel this authorization any time by emailing [info@colorlab.com](mailto:info@colorlab.com).

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date