



DiJiFi
1166 Manhattan Ave, Suite 201
Brooklyn, NY, 11222
(646) 519-2447 info@diwifi.com

DiJiFi Order Information Form

Name:

Returning Customer ☐

Company Name:

Address: (Billing and Shipping if different)

House ☐ Apartment ☐ Doorman ☐ Mail-room ☐

Phone Number:

Email Address(es):

Items to be Scanned:

Services Requested: (Raw, Direct, Complete/Resolution/Format/etc.)

To Be Determined ☐

File Delivery:

☐ USB Drive (Provided) ☐ USB Drive (Will Purchase) ☐ File Upload

☐ CD ☐ DVD ☐ Blu-ray

(DiJiFi will use an appropriately sized drive unless otherwise requested)

Please include this form with materials to be scanned



DiJiFi
1166 Manhattan Ave, Suite 201
Brooklyn, NY, 11222
(646) 519-2447 info@dijifi.com

Credit/Debit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit/Debit 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:
Expiration Date (mm/yy):
Cardholder Street Address/ZIP Code (billing address):

I, _____, authorize **DiJiFi** to charge my credit card for the agreed upon deposit (**30%** at time of estimate approval) and services. All credit transactions are subject to a **3%** processing fee. I understand that my information will be saved to file for future transactions on my account.

Customer Signature: _____

Date: ____/____/____

Please include this form with materials to be scanned