



ORDER FORM

Media Replication Services

ORDER TYPE

<input type="checkbox"/> New Order		<input type="checkbox"/> Re-Order	
Company		Contact	
Address	City	Province/State	Postal Code / ZIP Code
Telephone	Fax	Email	Website

SHIPPING INFORMATION

Ship to:		Contact	
Address		City	
Postal / ZIP Code		Province/State	
Telephone		Federal ID/SSN Number: *	
Shipping Method <input type="checkbox"/> Air <input type="checkbox"/> Ground	Courier		Account #

ORDER INFORMATION

Project Title	Quantity	Total MB	# of Colours on Disc Face	White Flood <input type="checkbox"/> Yes <input type="checkbox"/> No
CD Type <input type="checkbox"/> CD-ROM <input type="checkbox"/> CD Audio <input type="checkbox"/> CD Card <input type="checkbox"/> 3" Mini	Master On <input type="checkbox"/> CD-R <input type="checkbox"/> 8mm Exabyte <input type="checkbox"/> 1630 <input type="checkbox"/> DAT			
CD Audio # of Tracks	CD Audio Duration (hh/mm/ss)		CD Audio Enhanced <input type="checkbox"/> Yes <input type="checkbox"/> No	
DVD Type <input type="checkbox"/> DVD-5 <input type="checkbox"/> DVD-9 <input type="checkbox"/> DVD-10	Master On <input type="checkbox"/> DLT <input type="checkbox"/> DVD-R		CD-R/DVD-R Duplication <input type="checkbox"/> Yes <input type="checkbox"/> No	
CD-R/DVD-R Type <input type="checkbox"/> CD-R <input type="checkbox"/> CD-R Card <input type="checkbox"/> 3" Mini <input type="checkbox"/> DVD-R	CD-R/DVD-R Requires <input type="checkbox"/> Full Colour Glossy Label <input type="checkbox"/> Silkscreen			
Other Products <input type="checkbox"/> Audio Cassette <input type="checkbox"/> Video Cassette			Cassette Length	
Artwork File Format <input type="checkbox"/> EPS <input type="checkbox"/> TIF <input type="checkbox"/> PDF <input type="checkbox"/> AI <input type="checkbox"/> PSD <input type="checkbox"/> CDR (Corel) <input type="checkbox"/> QXD <input type="checkbox"/> AID				

PRINT & PACKAGING

Jewel Case Insert or Booklet <input type="checkbox"/> None <input type="checkbox"/> 4/0 <input type="checkbox"/> 4/1 <input type="checkbox"/> 4/4	Tray Card <input type="checkbox"/> None <input type="checkbox"/> 4/0 <input type="checkbox"/> 4/1 <input type="checkbox"/> 4/4			
Number of Insert Panels	Number of Booklet Pages	Type of Fold <input type="checkbox"/> Roll <input type="checkbox"/> Accordion <input type="checkbox"/> Gate (Extra Charge)		
Tray Colour <input type="checkbox"/> Black <input type="checkbox"/> Clear <input type="checkbox"/> White	Shrink Wrap <input type="checkbox"/> Yes <input type="checkbox"/> No	Cardboard Sleeves & Mailers Style:		Design #
DVD Trapsheet <input type="checkbox"/> Yes <input type="checkbox"/> No	DVD Insert Panels:	Additional Inserts <input type="checkbox"/> Yes <input type="checkbox"/> No	Design Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Other

Special Instructions:

PAYMENT DETAILS

<input type="checkbox"/> Cheque <input type="checkbox"/> Account <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Name on Card	Card#
Expiry Date (mm/yy)	Signature of Customer	Date

PLEASE FAX COMPLETED FORM TO "ATTN: SALES" AT (416) 654-3663

* US Customers only, for product that is being shipped from Canada to a US destination