

# CD SONIC ORDER FORM

DATE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ P.O. # \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ email: \_\_\_\_\_

ARTIST: \_\_\_\_\_ SHIP TO: \_\_\_\_\_

QUANTITY: \_\_\_\_\_ NEW ORDER:  REORDER:

CD-Audio  CD-ROM  BCard  DVD  Cassette  VHS

Bulk  Jewel Case  Wrap  NO Wrap

Black Tray  White Tray  Clear Tray

MASTER TYPE: CD MASTER  PCM 1630  DAT  8mm

GRAPHICS FORMAT: COMPUTER FILES:  FILMS:

2PANEL  4PANEL  6PANEL  8PANEL  OTHER \_\_\_\_\_  
4/K  4/4

CD LABEL FILMS: PMS# \_\_\_\_\_ PMS# \_\_\_\_\_ PMS# \_\_\_\_\_ PMS# \_\_\_\_\_

BARCODE: \_\_\_\_\_ TOP SPINE LABEL: \_\_\_\_\_

OTHER PACKAGING: YES  NO  TYPE: \_\_\_\_\_

PRICE QUOTED: \$ \_\_\_\_\_ DEPOSIT AMOUNT: \$ \_\_\_\_\_ CHK# \_\_\_\_\_

FINAL PAYMENT: \$ \_\_\_\_\_ CHK# \_\_\_\_\_

Signature: \_\_\_\_\_