



**MEDIAWORKS<sup>®</sup>**  
INTERNATIONAL, INC.

# Order Form

P.O. # \_\_\_\_\_ Catalog # \_\_\_\_\_

Client: \_\_\_\_\_ Artist: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Fax: \_\_\_\_\_  
 Evening \_\_\_\_\_ Other: \_\_\_\_\_

## Billing Information

Company: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Shipping Information

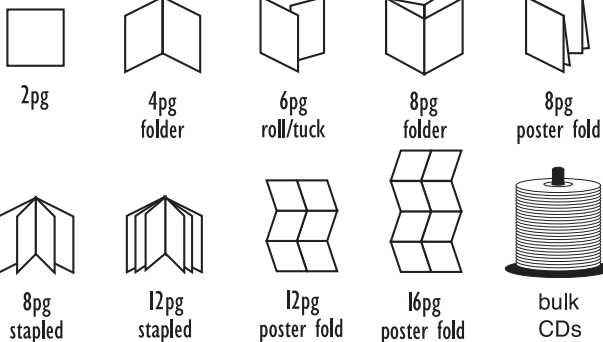
Company: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Package Quantities

CD quantity \_\_\_\_\_ Cassette quantity \_\_\_\_\_  
 Other \_\_\_\_\_ quantity \_\_\_\_\_

## Print Options

### CDs



Circle One

**1/0 1/1 4/0 4/1 4/4**

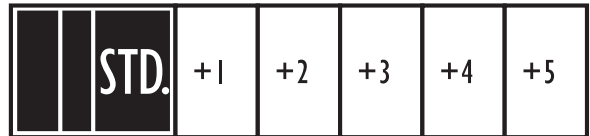
Circle One

# of CD Label Colors 1 2 3 4 5 (Circle One)

What Label Colors (please specify Pantone colors) \_\_\_\_\_

\_\_\_\_\_

### Cassettes



Circle One

**1/0 1/1 4/0 4/1 4/4 5/1**

Circle One

Longest Side A B Time on Longest Side :

Circle One

Total Time \_\_\_\_\_:

Dolby: Yes No Grade: Voice Music Chrome

Circle One

Circle One

Shell Color: Clear Imprint Color: White

Other \_\_\_\_\_

Other \_\_\_\_\_

Circle One

## Packaging Options

There is a variety of options available for our CD packages (Slimline Jewel Boxes, Clear and Colored Trays, Tyvek Sleeves, etc). Please call for options and prices.

## Client Material

Client is providing: (please check all that apply)





DAT Master \_\_\_\_\_ CDR \_\_\_\_\_ Camera Ready Art (film) \_\_\_\_\_ \*Art Files on Disk \_\_\_\_\_

Photographs \_\_\_\_\_ Print (booklets, tray cards, j-cards, etc.) \_\_\_\_\_

\*We can output plates from computer files created in QuarkXPress, Photoshop, Illustrator, and Freehand. If you are using CorelDraw, please convert all text to outlines and export all files in Illustrator EPS format. Also, please make sure all color image files are saved in CMYK format, NOT RGB.

## Notes or Special Instructions

## Payment Information

Method of Payment: (circle)	Package Additions
    Check Cash Money Order Western Union	Barcode \$ _____
Check # _____ Date _____	Clear Trays \$ _____
Full Name on Card _____	4/4 Tray \$ _____
Card # _____	4/1 Tray \$ _____
Expiration Date _____	4/4 Pkg. \$ _____
Date Authorized _____ Amount \$ _____	Other _____ \$ _____
	Total of Additions \$ _____

Total of Additions \$ \_\_\_\_\_

Sales Tax (in-state delivery or pick-up only) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Deposit (at least 55%) \$ \_\_\_\_\_

## Disclosure

A 55% Deposit is required before job may begin. Remaining balance due on project must be received in certified funds before final product will ship.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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