



CUSTOMER ORDER INPUT SHEET

Date: _____

Company Name: _____ Customer ID: _____

Contact: _____ Tel: _____

Address _____

City _____ State _____ Zip Code _____

ORDER TYPE: NEWMASTER, RE-ORDER, Specify MF# _____ (if known)

Title: _____ Software: _____ Audio: _____

Mirror band ID (if required): _____ (up to 30 characters)

Order Qty: _____ % overs acceptable _____

Order Date: _____ Due Date: _____

Master Provided: CD-R: _____ Others: _____

PRINTING INFORMATION

CD Label Art: 100 max, line screen, right reading emulsion up, positive film

Customer Supplied Film _____ Customer Supplied Electronic File _____

As Disk/CD/Email-File name: _____ Others _____

White Background? Yes/No Process Color (CMYK)? Yes/No Color Proof with Film? Yes/No

PMS Color: C1 _____ C2 _____ C3 _____ C4 _____ C5 _____ Total Colors: _____

PACKAGING INFORMATION

Packaging: Spindle, Sleeve (paper, tyvex), Jewel Case, Others: _____

SHIPPING INFORMATION

Shipping Method: UPS _____ Fedex _____, Will Call _____ Delivery _____ Others: _____

Ship to: Same as bill to _____ Others _____

Company name: _____

Contact: _____ Tel: _____

Address _____

City _____ State _____ Zip Code _____