



Order Form: VHS

CUSTOMER INFORMATION

Customer PO # _____

New order

Date ____/____/____

Reorder (previous invoice number) _____

BILL TO

Company _____

Same as Billing Address

Contact Name _____

Company _____

Street _____

Contact Name _____

City _____

Street _____

State _____ Zip _____

City _____

Phone _____

State _____ Zip _____

Email _____

Phone _____

Email _____

SHIPPING METHOD

USPS UPS FEDEX OTHER _____

Customer Account Number _____

ORDER INFORMATION

Quantity _____ Running Time _____

Master Format: _____

Description/Title _____

Standard: ntsc pal

MASTER INFORMATION

Duplic8Media Library

Customer will supply

Other (explain) _____

RETURN MASTER

Duplic8Media Library

Billing address

Shipping address

Other _____

LABEL

Face label (attach)

Spine label (attach)

Box label (attach 1/3 graphic box)

PACKAGING

Vinyl Case 1/3 window Full window

Video sleeve Bottom load, color _____

Side load, color _____

Special instructions _____

DUE DATE

Project must arrive ____/____/____

PAYMENT

Customer Account # (call to open account) _____

Credit Card

AMEX M/C VISA DISCOVER

Number _____

Expiration _____

Check enclosed

Cash enclosed (enclose cash for hand delivery only)

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Please read, sign, and return with order form.

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Signature _____ Date _____

Print name _____ Company _____