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SALES ORDER FORM (Form 'B')

Section One : Your Contact Information

Company Name (if applicable):	
Street Address:	
City and Postal/Zip Code:	
Contact Person (full legal name):	
Phone:	()
Fax:	()
E-mail:	
P.S.T. # (B.C. only):	
Federal Tax I.D. # (U.S.A. only)	

Section Two : Your Billing Information

Please send all billing documents to: <input type="checkbox"/> The location noted above, or <input type="checkbox"/> The location noted below.	
Bill To (Company Name):	
Bill To Street Address:	
Contact Person:	
Phone:	()
Fax:	()
E-mail:	
P.S.T. # (B.C. only):	
Federal Tax I.D. # (U.S.A. only)	

Section Three : Disc Details

Quantity of Product: _____ <input type="checkbox"/> New Order <input type="checkbox"/> Re-Order (previous job #: _____):
Manufacturing Method: <input type="checkbox"/> Replicated Discs <input type="checkbox"/> Duplicated Discs
(Full Size) CD Type: <input type="checkbox"/> Full Size Audio CD <input type="checkbox"/> Enhanced Audio CD <input type="checkbox"/> Full Size CDROM <input type="checkbox"/> PC/MAC Hybrid CDROM
DVD Type: <input type="checkbox"/> DVD5 <input type="checkbox"/> DVD9 Other: _____
CD Card Type: <input type="checkbox"/> 35mb Rectangle <input type="checkbox"/> 50mb Rectangle <input type="checkbox"/> 50mb Rink Style <input type="checkbox"/> 80mb Rink Style <input type="checkbox"/> 180mb 3" mini
Size Of Master: _____mb (or) _____gb (or) _____minutes
Center Hub Title: "Made in CA by _____"
Client Is Sending Master To: <input type="checkbox"/> Precision Disc <input type="checkbox"/> Glass Mastering House (company: _____)

Section Four : Disc Print Details

Type Of On-Disc Print: Screenprint (PMS Colours) Offset Print (CMYK)

Is A White Flood Print Required: Yes No

PMS Colour Numbers (if applicable): 1:_____ 2:_____ 3:_____ 4:_____ 5:_____ 6:_____

Section Five : Packaging & Print Details (select all that apply)

Packaging/Cases: None Required Customer Supplied (type:_____)

Type Of Packaging: Jewel Case (black tray) Jewel Case (clear tray) Slimline (black tray) Slimline (frosted tray)

Type Of Packaging: Paper Sleeve Clear Vinyl Sleeve Clamshell Case

Type Of Packaging: DVD Case (black) DVD Case (white) DVD Case (clear) Double DVD Case (black)

Custom Printed Sleeve/Jacket (type:_____)

Jewel Case Insert: _____ Panels (Printed _____ over _____) Folded Insert Stapled Booklet

Jewel Case Traycard: Printed _____ over _____

DVD Case Trapsheet: Printed _____ over _____

DVD Case Insert: _____ Panels (Printed _____ over _____) Folded Insert Stapled Booklet

Require Barcode: Yes No Finishing: None Shrinkwrap Overwrap Mylar Tab

Section Six : Shipping Details

When Ready: Call For Pickup Ship To 'Contact' Address Ship To 'Billing' Address Other (note below)

Requested Shipping Date: _____ Blind Ship: Yes No

Courier Company: _____ Account #: _____ Phone #: _____

Ship To (Company Name):	
Ship To Street Address:	
Contact Person:	
Phone:	()
Fax:	()
E-mail:	
Federal Tax I.D. # (U.S.A. only)	

Section Seven : Special Instructions

Date:	Authorized Purchaser (Printed Name and Written Signature):
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