



CD/DVD REPLICATION ORDER FORM

Tel: 020 7851 9180

E-mail: info@tcsoho.tv

CUSTOMER INFO.

Please print out and fax to **020 7287 5323**

Order No.: _____ Date Ordered: _____ Delivery Date: _____

Company Name: _____

Contact Person: _____

Tel: _____ Fax: _____ E-mail: _____

| TITLE: | QUANTITY | UNIT PRICE |
|--------|----------|------------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |

OPTIONS: Please check below all that apply

MASTER FORMAT: CD-R DLT DAT DigiBeta Beta

ARTWORK: *If artwork is provided, please send Macintosh files (on a Zip disk) and colour outputs.*

PACKAGING: Client Supplied Jewel Case Printed Inlays - Front (Min.1000)
 Cardboard Sleeve Amaray DVD Case Printed Inlays - Back (Min.1000)
 Plastic Sleeve Printed Cardboard Sleeve

METHOD OF PAYMENT: C.O.D. ACCOUNT CREDIT CARD CHEQUE

| DELIVERY INSTRUCTIONS: | SPECIAL INSTRUCTIONS: |
|--------------------------------|---|
| Name: _____ | Delivery Method: _____ |
| Company: _____ | Master destination: Customer <input type="checkbox"/> Library <input type="checkbox"/> Other <input type="checkbox"/> |
| Address 1: _____ | Other Instructions: _____ |
| Address 2: _____ | |
| Town: _____ | |
| County: _____ Post Code: _____ | |

| | |
|------------------------------|-------------|
| AUTHORISING SIGNATURE: _____ | DATE: _____ |
|------------------------------|-------------|