



CD/DVD DUPLICATION  
ORDER FORM

DISC IN THE CITY  
954-745-4455

CUSTOMER INFO

P.O. # \_\_\_\_\_ Date ordered: \_\_\_\_\_ Ship date: \_\_\_\_\_

Company name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Beeper/Cel: \_\_\_\_\_

TITLE	UNIT AMOUNT	UNIT PRICE
1)		\$
2)		\$
3)		\$

OPTIONS Please check all that apply

COPY FORMAT  Full size 650 MB  MiniRound 180 MB  Business Card 50 MB  DVD-R general purpose

CD IMPRINT  Color imprint/label  Black on Silver (text with small logo)

ARTWORK > Provide file as an 300 dpi jpg (RGB) on CD-R

PACKAGING  Paper sleeve with window  Plastic slimpak  Shrinkwrap jewel  
 Jewel case  Amaray case  
 Slimline jewel case  Printed inserts/inlay

DELIVERY INSTRUCTIONS

SPECIAL INSTRUCTIONS

Via: _____	
Name: _____	
Address1: _____	
Address2: _____	
City: _____ State: _____ Zip: _____	

MASTER:  Keep  Return

AUTHORIZING SIGNATURE: _____	DATE: _____
------------------------------	-------------