



CD & DVD DUPLICATION ORDER FORM

(QUICK SHORTRUN)

Artist Name _____

Project Title _____

Primary Contact Name _____

Email _____

Best daytime phone _____ Fax # _____

BILLING ADDRESS

SHIPPING ADDRESS

Requested completion date: _____ I will pick up my discs from REALTIME office

Name, email address & phone # of the *person who prepared your master* _____

ORDER QUANTITY

50 - 500 discs or sets

X

DISC LABEL IMPRINT

Standard Monochrome Black Thermal

Full-Color Inkjet

REALTIME-prepared label artwork

Label artwork provided as TIFF file
(please refer to Artwork Specifications)

CDR DVDR

Bulk Disc on Spindle (no packaging)

PACKAGING

Slim Jewel Case (Color: black/ clear clear/ clear blue/ clear purple/ clear)

Paper Window Sleeve (BLACK WHITE) Single-Disc Boardstock Sleeve 4-Panel Sleeve (1-Disc Wallet)

4-Panel Sleeve (2-Disc Wallet) 6-Panel 1-Disc Sleeve 6-Panel 2-Disc Sleeve 4-Panel Digipak

6-Panel Digipak 4-Panel DVD Digipak (7 1/4" tall) Other (please specify below) Shrink Wrap (recommended)

I AM PROVIDING Production-ready artwork files, setup to Realtime specifications (refer to Shortrun Artwork Specifications).

Name, email address & phone # of *your designer* _____

Artwork materials for a REALTIME-designed package (see Graphic Design Services).

NOTES:

TOTAL JOB ESTIMATE \$ _____

Please refer to your emailed job quotation or our standard pricelist.
Your WA State Sales Tax rate applies to total (without a Resale Permit).
A 50% deposit is required to start work on shortrun orders.

DEPOSIT RECEIVED \$ _____

Check # _____ Cash M. Order

I authorize REALTIME INC. to begin production and agree to standard Terms and Conditions @ <http://www.realtimemp.com/forms>:

X

Date: _____