



PO Information

Order Type New Order Reorder

PO#: _____

Req Ship Date: _____

Artist: _____

Title: _____

Part/SEL#: _____

Quantity: _____

Customer Information

Customer Name: _____

Customer Number: _____

Contact Name: _____

Email: _____

OEM Acct Manager: _____

OEM Sales Rep: _____

Date Order Placed: _____

OEM Artwork Order
(Please include paper copies & colors)

Booklet _____ Panels/Pages _____

Backliner _____ Colors _____

Sleeve _____ Colors _____

Other* _____

*If "Other" please include description and # of colors.

Customer Supplied Component Arrival List Arrival Dates

Master: _____

Label Film/File: _____

Artwork: _____

Artwork: _____

Artwork: _____

Artwork: _____

Artwork: _____

Bill of Materials

Disc Type

CD-ROM CD-Audio CD-M CDR

DVD-5 DVD-9 DVD-10 SecuROM

CSS SafeDisc Starforce Hexalock

Macrovision

Check Disc YES NO

Print Sample YES NO

Disc Art
(Please include paper copies & colors)

Colors (# & ID): _____

Screen Offset

Email Electronic File Film

WHITE FLOOD YES NO

Packaging Description

Case

Single J/C Single DVD

Slimline J/C Double DVD

Triple J/C Stack Pack

Quad J/C DVD Thinpak

CD Digipak* DVD Digipak*

Other

*Indicate numer of panels below.

Sleeves

White Paper with Window

5x5

Bi-Fold Wallet

Univenture: Please specify sleeve # below.

O-Card

Slipcase

Retail Carton

Other: Please specify below.

Bulk

Yes

No

Case Add On's
Please Select All Necessary Components

Tray

Clear

Grey

Hinged Tray

Topspine Label

Single

Multi

Security

Booklet

OEM Procured

Customer Furnished

N/A

Traycard

OEM Procured

Customer Furnished

N/A

Folder

OEM Procured

Customer Furnished

N/A

DVD Wrap

OEM Procured

Customer Furnished

N/A

DVD Book/Insert

OEM Procured

Customer Furnished

N/A

Sticker

OEM Procured

Customer Furnished

N/A

Under Wrap

On Wrap

Please specify quantities

Specify Type of Wrap

Cigarette

Shrinkwrap

N/A

Ship To Information *Account # If shipping is Collect or 3rd Party*

Carrier: _____ Method: _____

Company: _____ Recipient Phone #: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If multiple ship to's please supply on separate page with all additional information.

Billing Information

of Discs: _____ Total Graphics Fees: _____ Total Color Proofs: _____

Replication Price per Disc: _____ Total Film/File Charges: _____ Total Screens: _____

Color Upcharge Per Disc: _____ Other/Misc Charges: _____

Packaging Price Per Disc: _____ If Other Please Specify Items _____

TOTAL PRICE: _____ - _____