



NA-DVD-SPECIFICATIONS PACK	DATE: Oct 2013	FORM: F030321	REV: C	PAGE: 1 OF 1
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DVD-5 Order Form (Single Sided, Single Layer)

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH EACH PROJECT.

Specify Format: Video ROM Audio
Order Information: New Master Repress Recorder/Revised

Customer Information:

Bill to: _____ Ship to: _____

Attention: _____ Attention: _____

Project Contact Person: _____ Phone: _____ FAX: _____

Payment Terms: Cashiers Check Credit Card

Required Purchase Order #: _____ VISA/MasterCard: _____ Exp: ____/____/____

Mastering and Replication Information:

Check disc package Yes No Check Disc Qty: _____ Replication/Order Qty: _____

DVD Title: _____ Arrival Date of Data ____/____/____

Catalog #, limited to 12 characters: _____ for Catalog Band ID

Supplying Premastered Data: Yes (must supply DLT type III & IV media with DDP 2.0 and DVD Premastered Input Media Form) (DLT capacity not to exceed 2294921 sectors or 4.7 billion bytes.)

No (please provide completed Data Transfer Form and contact our Media Services Dept.)

Copy protection: Macrovision CSS (fill out Copy Protection information on DVD Premastered Input Media Form.)

Compression and Authoring services provided by Technicolor: Yes

Label Information:

Artwork Contact: _____ Phone: _____ Arrival Date: ____/____/____ of label

Pit Art: Yes New E-file (appropriate E-File form included)

Generic Pit Art: Yes Changes to existing file at Technicolor Use existing Pit Art Catalog Number _____

Screen print: Yes Film (Film Information Form required)

NOTE: RIMAGE LABELING OPTION AVAILABLE ON CHECK DISC PACKAGES ONLY: Limited to 10 Disc only

Print & Packaging Information:

Amaray Package Generic Single Slim DVD Case

Jewel Box Shrinkwrap Logo Shrinkwrap Other/Custom (Please provide details below)

Technicolor to order custom print Qty _____ Sticker (include placement diagram)

Technicolor to order custom pkg. Qty _____ Top Spine (include Top Spine Information Form)

Arrival Date ____/____/____ of Package/Print

SPECIAL INSTRUCTIONS:

Shipping Information: (FOB Camarillo, CA)

Finished product to arrive by: ____/____/____

Shipping priority: Next day a.m. p.m. 2-day Ground

Specified Courier: _____ Acct #: _____

Technicolor to choose best method of transport

Authoring Facility: _____ Phone: _____ Contact: _____

Authorized Signature: _____ Title: _____ Date: _____

(required to process order)

By signing this agreement, customer acknowledges that he/she has read and accepts terms and conditions on the reverse side of this agreement.

*Please mail or fax this form at least one week prior to sending your data in order to assist us in scheduling your project.

Ship all customer supplied materials to the appropriate address listed below:

CALIFORNIA
TECHNICOLOR

Attention: Customer Service Dept.

3233 E. Mission Oaks Blvd.

Camarillo, CA 93012

Tel: (805) 445-1122 or (800) 298-3201 Fax: (805) 445-9546

All forms and specifications found at: WWW.TECHNICOLOR.COM *Please include an additional copy of this form along with your master media.

Note: Required printed material should not include country of origin references (Made in, manufactured in, etc.). In the event printed materials include country references/addresses (printed in USA, XYZ company, main street, anytown, state, USA): Technicolor will be required to imprint/label a country of origin marking on the exterior of the product.

