

CASSETTE DUPLICATION ORDER FORM

Projects will not be started until all Documents, Artwork, Audio and Payment are received

NOTE: PLEASE USE ADOBE ACROBAT OR READER TO FILL OUT THIS FORM. IF YOU USE ANY OTHER APPLICATION, ESPECIALLY PREVIEW ON A MAC, **EXPORT** A PDF OR JPEG RATHER THAN SIMPLY SAVING THE FORM TO PRESERVE THE DATA YOU'VE ENTERED.

CUSTOMER INFORMATION

Customer Name _____
Contact Name _____
Phone _____
Email _____

Date order placed _____
NAC Customer ID# _____
Quantity _____ New Master Reorder

Customer's Catalog ID#: _____
Artist _____
Project Title _____
Customer Purchase Order# _____

MASTER

Customer's Original Master Format:
 Upload Optical (CD/DVD) Cassette
 Other: _____
Program Ready Audio? Yes No
Total Time Side A: _____ (Tracks: _____)
Total Time Side B: _____ (Tracks: _____)
Same Audio Both Sides: Yes No
Apply DOLBY B NR? Yes No

TEST CASSETTE

Test Cassette Required: Yes No
Send Test Cassette To: Billing address
 Shipping address
Send Test Cassette Via: USPS 1st class mail
 Other: _____

(No charge for test tape with order, but shipping cost will be applied.)

NAC INTERNAL USE ONLY

LOCATION: _____ DATE MASTERED: _____
TEST CASSETTE: Yes No #COPIES _____
DOLBY: Yes No SLAVE: _____
TAPE TYPE: _____ C: _____
RUNTIME-SIDE A: _____ -SIDE B: _____
AUDIO ENGINEER: _____
NOTES: _____

CASSETTE

TAPE TYPE: Ferric Chrome Plus
CASSETTE SHELL COLOR: Color Name _____
Color Code _____
(Refer to Shell Color Chart)

DESIGN APPLIED TO SHELL

NONE
 PRINTED PAPER LABELS
 DIRECT IMPRINT

SIDES FOR DESIGN

A/B (Separate art for each side)
 A/A (Same art both sides)
 A only

IMPRINT INK COLOR:

Side A: _____
 Side B: _____

PACKAGING

PACKAGE INSERTS
 None Customer Supplying Pre-printed J-cards
 J-CARDS (to be printed at NAC)
 U-CARDS (to be printed at NAC)

	Front	Back		Front	Back
<input type="checkbox"/> 3 Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6 Panel	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4 Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7 Panel	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5 Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8 Panel	<input type="checkbox"/>	<input type="checkbox"/>

 O-CARDS (Cassingle Sleeves)
 Outer Sleeve for Norelco Box Shrinkwrap over outer sleeve: Yes No
 Other: _____

CASING:

None
 Norelco - Clear
 Norelco - Black
 Norelco - Red
 Norelco - Blue
 Soft Poly Box
 Other: _____

WRAP:

None
 Overwrap Individually (Norelco boxes only)
 Tear Strip In Overwrap
 Shrinkwrap Individually (O-Cards or Poly boxes)

COMMENTS

BILL TO

Name: _____
Attn: _____
Address: _____
City _____
State _____ Zip/Postal Code: _____
Country _____

SHIPPING

Blind Shipment: Yes No (If YES, there will be no reference to NAC on any package or paperwork)
UPS: UPS-GROUND UPS-3 DAY UPS-2 DAY UPS-NEXT DAY
UPS ACCT#: _____
FEDEX: (Best value) FEDEX-GROUND FEDEX-2 DAY FEDEX-NEXT DAY
FEDEX ACCT#: _____
OTHER: USPS-PRIORITY MAIL MEDIA MAIL
NAC will not replace or refund any lost or damaged mdse. sent within the US via US Postal Service.

SHIP TO

Name: _____
Attn: _____
Address: _____
City _____
State _____ Zip/Postal Code: _____
Country _____

PAYMENT

To streamline the payment process and keep our customers' credit card information more secure, National Audio will send you a PayPal invoice with your total for this project.
You may pay by PayPal or major credit card through the links provided in the invoice.
If you wish to receive the invoice through a different PayPal account than the email listed above, list it here.
Email _____

Submit this form to National Audio with the completed IPR Form, Tracklist, and your Audio and Artwork files.



National Audio Company

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