



Order Form

EDT Media Inc.
1-800-915-1915
3691 Revlstoake Drive
Ottawa, Ontario
K1V 7C2
Canada

Project Information

Project Title: _____ Artist or Company Name: _____
Reference # (Catalogue or Selection #): _____
Submission Date (EDT Media receipt of all materials): _____
Desired Completion Date (to receive finished product): _____

Billing Information	Contact Information*	Shipping Information*
First Name: _____	First Name: _____	First Name: _____
Last Name: _____	Last Name: _____	Last Name: _____
Company Name: _____	Title: _____	Company Name: _____
Address 1: _____	Phone 1: _____	Address 1: _____
Address 2: _____	Phone 2: _____	Address 2: _____
City: _____	Fax: _____	City: _____
State/Province: _____	Email 1: _____	State/Province: _____
Zip/Postal Code: _____	Email 2: _____	Zip/Postal Code: _____
Country: _____		Country: _____
Phone: _____		Phone: _____
Fax: _____		
Email: _____		
	<i>(*EDT Media requires that there is one point of contact for questions regarding Artwork and/or Production Masters.)</i>	<i>(*Must be the same as the Billing Address of Credit Card, if used.)</i>

Supplied Materials

Production Master: CD-R DAT DVD-R DLT
Artwork Master: CD-R FTP Email (Address: _____)
Artwork Proofs: None Inkjet Laser Digital Print Press Match File (Format: _____)
Legal Forms: Duplication Agreement Terms & Conditions IPR Form
Payment: Money Order Cashier's Cheque Certified Cheque Credit Card Authorization Form

Product Order Information

Media Type: Audio CD CD-Rom DVD (5 9 10)
Quantity: _____
Label Colors: 1 2 3 4 5 CMYK CMYK+white bleed
Printing Type: Insert/Folder & Tray Card Stapled Booklet & Tray Card
Number of Insert/Folder/Booklet/Digipak Pages: _____ (*note: a single panel insert is "2 pages", etc.)
Color Designation of Insert/Folder/Booklet/Digipak: 4/0 4/1 4/4
Color Designation of Tray Card: 4/0 4/1 4/4
UPC Barcode: Yes No
Packaging Type: Standard Jewel Case Bulk
Tray Color: Black Clear Other (Color: _____)
Assembly: Yes No
Over Wrap: Yes No
Tear Strip: Yes No
Top Spine Labels: Yes No

Shipping Requirements

Requested Service: Priority Ground
EIN #: _____ (*for U.S. shipments only)
Split: Yes (____ # of locations) No
EIN / SSN: _____*
(*company EIN or recipient SSN required by US Customs.)

Notes & Special Instructions: _____

