

Duplication Order Form [Form #2001]

1. Contact Information:

Main Contact Information:

Contact Name: _____
Company Name: _____
Phone: _____
Cell Phone: _____
Address: _____

Proof to Email: _____

Ship to Information if different:

Contact Name: _____
Company Name: _____
Phone: _____
Cell Phone: _____
Address: _____

2. Order Information:

Check your quote carefully and verify it is correct before sending this order in. If the quote is incorrect please call your account representative to get an accurate quote before sending in your order.

Title of Project: _____
Account Rep.: _____ Quote/Order #: _____
Requested Delivery Date: _____ Quantity: _____

*The Requested Delivery Date above is the latest date you wish to have your project in hand by.
All Duplication projects require a standard 3-5 business days for completion. Express Service is available and requires 24-48 hours. Ordering physical sample proofs or design development require additional fees and may add 2-3 business day(s) to your order.*

Order Description: _____

3. Payment: We require all projects to be prepaid. Checks or certified funds are required methods. Orders will not be shipped unless payment is received in full.

Credit Card Payment: If you are paying by credit card, which has a different Bill to address than the Main Contact bill to address, please fill in Credit Card Bill to Address below.

Card #: _____ Card Bill to Address: _____
Expiration: _____
Name on Card: _____

***Credit Card CCV Code - Please note that an Account Representative will be calling for the 3 or 4-digit credit card security code. For your protection, do not write it on this form.**

4. Authorization

I have read and agree to the US Digital Media terms and conditions on www.cdrom2go.com/terms-of-service-cd2 and authorize payment above.

Signature _____ Date: _____
Printed Name: _____ Title: _____