

## Duplication/Replication Master Return Form Form #2020

Please fax or mail in this form.

I, \_\_\_\_\_, request that my master from my  
Duplication/Replication Order# \_\_\_\_\_ be sent back to me. I am releasing US  
Digital Media Inc. from any liability and/or responsibility if any future errors appear with this job.

Please send the waiver to the following address :

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Ship to Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
(Print name)

Date \_\_\_\_\_

X \_\_\_\_\_  
(Sign name)