



CD & DVD DUPLICATION ORDER FORM

QUICK SHORTRUN

Artist Name _____

Project Title _____

Primary Contact Name _____

Email _____

Best daytime phone _____ Fax # _____

BILLING ADDRESS

SHIPPING ADDRESS

Requested completion date: _____ ☐ I will pick up my discs from REALTIME office

Name, email address & phone # of the **person who prepared your master** _____

ORDER QUANTITY

50 - 500 discs or sets

X

DISC LABEL IMPRINT

☐ Standard Monochrome Black Thermal

☐ Full-Color Inkjet

☐ REALTIME-prepared label artwork

☐ Label artwork provided as TIFF file
(please refer to Artwork Specifications)

☐ CDR ☐ DVDR

☐ Bulk Disc on Spindle (no packaging)

PACKAGING

☐ Slim Jewel Case (Color: black/ clear clear/ clear blue/ clear purple/ clear)

☐ Paper Window Sleeve (BLACK WHITE) ☐ Single-Disc Boardstock Sleeve ☐ 4-Panel Sleeve (1-Disc Wallet)

☐ 4-Panel Sleeve (2-Disc Wallet) ☐ 6-Panel 1-Disc Sleeve ☐ 6-Panel 2-Disc Sleeve ☐ 4-Panel Digipak

☐ 6-Panel Digipak ☐ 4-Panel DVD Digipak (7 1/4" tall) ☐ Other (please specify below) ☐ Shrink Wrap (recommended)

I AM PROVIDING ☐ Production-ready artwork files, setup to Realtime specifications (refer to Shortrun Artwork Specifications).

Name, email address & phone # of **your designer** _____

☐ Artwork materials for a REALTIME-designed package (see Graphic Design Services).

NOTES:

TOTAL JOB ESTIMATE \$ _____

Please refer to your emailed job quotation or our standard Shortrun pricelist.
Your WA State Sales Tax rate applies to total (if not providing a Reseller Permit).
Full payment in advance is required for Shortrun orders.

DEPOSIT RECEIVED \$ _____

☐ Check # _____ ☐ Cash ☐ M. Order

I authorize REALTIME INC. to begin production and agree to standard Terms and Conditions @ <http://www.realtimepip.com/forms>:

X

Date: _____