



My Name _____

My Shipping Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

My Billing Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

Credit Card Info circle one (MC, Visa, AMEX, Discover)

Card Number _____ Exp Date(mo/day/year) _____

Three Digit code on back of card _____

Number of tapes you are submitting _____ format of tapes you are submitting _____

Transfer them to (circle one) CD DVD (standard) DVD (archival) USB Drive

What do you want printed on the label (50 char max)

Additional Comments