



COMPACT DISC/ DVD ORDER FORM

Artist Name _____

Project Title _____

Primary Contact Name _____

Email _____

Best daytime phone _____ Fax # _____

REALTIME

A DUPLICATION CORPORATION

P: 206-523-8050

F: 206-524-0711

pip@realtimepip.com

www.realtimepip.com

Billing Address

Shipping Address

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

Name & phone # of the person who prepared your master _____

ORDER QUANTITY

Minimum order 500 discs

DISC LABEL COLORS ☐ 1 - 6 Spot Pantones # _____ (3 included for base price)

☐ Full-Color CMYK with white base ☐ Full-Color CMYK with no white base

☐ Full-Color Offset process ☐ I'm not quite sure (please refer to LABEL SPECIFICATIONS)

☐ Bulk duplicated CDRs on spindle ☐ Bulk duplicated DVDs on spindle ☐ in Paper Window Sleeve

☐ in Poly Clamshell ☐ Other*

PRINT CONFIGURATION & PACKAGING

2 4 6 8 10 Panel Folder 4/1 4/4 & Traycard 4/0 4/1 4/4

8 12 16 24 28 Page Booklet 4/1 4/4 & Traycard 4/0 4/1 4/4

☐ Standard Jewel Box with ☐ Black ☐ Clear Tray ☐ DVD Amaray-style Case

☐ 2-Disc Jewel Box ☐ Quad Jewel Box requires 2nd Traycard 4/0 4/1 4/4

4 6 8 Panel Digipak with ☐ Black ☐ Clear Tray 4/0 4/1 4/4 ☐ 2nd Tray

☐ DVD Wraparound Cover 4/0 ☐ DVD Insert 2 4 Panel 4/0 4/1 4/4 4/0 = full-color front, blank back
4/1 = full-color front, black back
4/4 = color all sides

☐ Barcode provided by REALTIME ☐ I have my own barcode: # _____

TOTAL JOB ESTIMATE \$ _____ *

* Refer to price list or an EMAILED QUOTE. WSST applies to in-State orders.

~ CDs & DVDs are manufactured with a possible + or - 10% variance.

~ CD & DVD runs require a completed IPR Form before work can begin.

DEPOSIT RECEIVED \$ _____

1/2 of estimated total due in advance.

☐ Check # _____ ☐ Cash

I authorize REALTIME INC. to begin production and accept responsibility for payment of final amount due upon completion:

X

Date: _____