



SHORTRUN CDR/ DVDR 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

50 - 1000

DISC LABEL IMPRINT

☐ Standard Monochrome Black Thermal

☐ Full-Color Inkjet

☐ REALTIME-prepared label artwork

☐ Label artwork provided (300 dpi Tiff)
(please refer to LABEL SPECIFICATIONS)

☐ Bulk duplicated CDRs on spindle ☐ Bulk duplicated DVDRs on spindle

PRINT CONFIGURATION & PACKAGING

☐ in Paper Window Sleeve (Black White)

☐ in Slim Jewel Case (Black Purple Red Orange Blue)

☐ in Poly Clamshell

☐ Other

☐ in Standard Jewel Case with

☐ Black

☐ Clear or

☐ 2-CD (swinging) tray

☐ Shrink Wrap

2 4 Panel Insert/Folder 4/1 4/4 & Traycard 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

I am providing ☐ 300 DPI production PDFs for printing of Jewel Case Inserts, Folders/ Traycards (refer to ARTWORK SPECS.)

☐ Text, high-resolution digital images or hardcopy prints for REALTIME-produced artwork design and layout

☐ My own printed Inserts, Folders/Traycards for assembly by REALTIME (must be properly trimmed & folded to fit)

TOTAL JOB ESTIMATE \$ _____ *
Refer to price list or an EMAILED QUOTE. WSST applies to in-State orders.

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: _____