

# FREE TEST MASTER FORM

## PLEASE SEND IN WITH A COPY OF YOUR MASTER

### Contact Information

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ LAND LINE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

### Select one track to be mastered

TRACK #: \_\_\_\_\_ of \_\_\_\_\_ TOTAL TRACKS

If left blank, we will pick a track at random.

### Additional Notes

**We will complete the test master and send it to the address you provided above.**

**IMPORTANT:**

Masters submitted for our free test master program are **NOT RETURNED**. If you have only one copy of your master, please make a copy of your master and submit the copy.

**SEND TO:**  
DISCMASTERS Corp. Office  
7N140 Nancy Lane  
Saint Charles, IL 60175