ORDER FORM



INSTRUCTIONS:

- Print and Complete Form
- Sign Where Indicated
- Submit

SIGNATURE:

WHERE TO SEND COMPLETED FORM:

- 1. Simply mail your form along with your master
- 2. or scan and email to: service@discmasters.com
- 3. or simply use your cell phone & email a picture of the completed form

DATE:

			•
Customer Name and/or Company			
PROJECT TITLE	Email:		
Cell Phone (or best alternate contact phone #)			
Confirmation Number (found on your email quote)			
DELIVERY ADDRESS (Where You Want Your Discs Delivered To)			
Company (if applicable) :			DATE NEEDED BY (if applicable)
ATTENTION TO (name):			
STREET			RUSH ORDER (if applicable)
CITY	Residential/Private Addr	ess	PREFERRED GROUND DELIVERY 2 DAY
STATE ZIP	Business/Commercial A	ddress	
NOTE : If shipping to multiple locations, please check here and we will contact you.			
PAY BY: ☐ CREDIT CARD ☐ PAYPAL ☐ CASHIER CHECK/MONEY ORDER ☐ CHECK			
IF PAYING BY PAYPAL: Simply email payment to: payments@discmasters.com			
IF PAYING BY CREDIT CARD:			duction and Payment rms for customized
CARD HOLDER NAME			ient Work Products: omer maintains 100% legal ownership of
			eir intellectual copyright material ales are final once work begins
CARD NUMBER		issue	refund in part or full and/or replacements at the sole descretion of DiscMasters
EXPIRATION DATE /	VID CODE	(3 or 4	digit code on back of card)
CREDIT CARD BILLING ADDRESS:			Payment Amount:
STREET			
CITY			
STATE	ZIP	\$_	
IMPORTANT: this form is the 1st step before work begins on your order. By completing this form you grant us permission to reproduce your supplied material. This helps protect you, our valued customers, from fraud and helps secure the intellectual property & copyrights of your order. DiscMasters keeps this information strictly confidential.			