

DVD Order Form

Client Name/Company _____

Phone Number _____

Email _____

Address _____

Date _____

Quantity						
DVD Type		DVD-5	DVD-9	DVD-10	DVD-18	Other
Silkscreen (# of Colors)			White Base? Yes / No			
Type of Packaging		Jewel Case	DVD Case	Paper Sleeve	Cardboard Sleeve	Other
Insert		# of pages	4/0	4/1	4/4	Other
Booklet		# of pages	4/0	4/1	4/4	Other
Shinkwrap		Yes / No				

Special Instructions/Notes:

***Please note 50% deposit is required prior to project start. Balance prior to delivery.

Please confirm your order by signing this form where indicated below.
 I have read this form and we agree to its terms.

Signature _____ Date _____