



STUDIO AUTHORIZING

SALES REP: _____

COMPANY: _____ DATE: __ / __ / ____

PROJECT TITLE: _____ PHONE: ____-____-____

CONTACT NAME: _____ CONTACT EMAIL: _____

COPYCATS JOB #: _____ ADS JOB #: _____

FINISHED PREMASTER SPECIFICATIONS (OUTPUT CD/DVD/USB)

DISC VOLUME NAME: _____

LIMIT 32 CHARACTERS, 11 CHARACTERS FOR USB-CAREFULLY INDICATE SPACES / UPPER / LOWER CASE, THESE CHARACTERS CANNOT BE USED \ / : * ? " < > |

THIS WILL BE: AUDIO CD DATA CD DATA DVD USB DVD VIDEO DISC BLURAY VIDEO DISC

THIS MEDIA MUST WORK ON A: MAC PC BOTH (HYBRID)

COPY PROTECTION: CSS MACROVISION NONE/DUPLICATION

DATA SOURCES

EXISTING ADS SOURCE

ADS PART #: _____

CUSTOMER SUPPLIED SOURCE(S)

NAME WRITTEN ON THE CASE: _____

NAME WRITTEN ON THE CASE: _____

UPLOADS/FTPS (PLEASE SPECIFY SITE)/EMAILED FILES

EXACT NAME OF THE FILE: _____

SPECIAL INSTRUCTIONS FOR PREMASTERING DEPARTMENT

INDICATE ANY EDITS, CHANGES, CAUTIONS, OR REQUIREMENTS, AS WELL AS SCOPE OF THE PROJECT.