

Please send this form with your data and artwork (artwork on a separate disc) with payment (if by cheque) to: Trace Services Ltd, Woodside House, 18 Walsworth Road, Hitchin, Herts, SG4 9SP

## **DUPLICATION ORDER FORM**

Your Details						
Contact Name Company Name						
Company Address						
			Post	al Code		
Telephone Number			- Emai -	Email Address		
Your Order (Plea	se place a tick clearly	in the appropriate box)				
Project/Disc Title						
Quantity Required			Deliv	ery required by		
What type of media	a would you like t	o duplicate?				
CD-R	CDROM	☐ DVD-R ☐ □	VDROM	8cm CD Business Card		
What method of pr	inting should we	use on the media?				
Thermal	Ink-Jet	Silk-Screen L	ithographi			
Which of the follow	ving packaging o <sub>l</sub>	otions do you require?				
Paper Sleeve	Jewel Case	DVD Case C	lam Shell	Clear PVC Wallet Slim-line Jewel Case		
Other Packaging						
Delivery Address - I	f different from a	bove?				
Contact Name						
Company Address						
		Postal Code				
Telephone Numbe	r		Ema	l Address		
What delivery servi	ce do you require	e? (Deliveries will be charged acco	rding to weigl	nt and service required)		
Next day (9am	- 5.30pm) 🔲 N	ext day (by 9am) 🔲 Next	day (by 10.	30am) Next day (by 12 midday) Sameday		
Which payment me	ethod will you rec	quire? (Please make cheque	s payable t	Trace Services Ltd		
Cheque (Subje	ct to Clearing)	Debit Card Credi	t Card [	Bank Transfer		
Declaration						
conditions below.	COPYRIGHT INDE	MNIFICATION: By signing th	is form, I co	in this form. I have also read and accept the terms and nfirm that I have full rights to duplicate the content and to demnify Trace Services Ltd against any claims that arise.		
Signed				ion		
Name			Date	Date		