



Customer Order Form

The following information must be submitted to CD-Rep.com for us to process your order.

New Order CD-Rep.com Representative:

Re-order

Date

Project

Title

Group/

Artist

Catalog/

PO#

Assigned internally if one is not provided

Customer Billing and Shipping Information

Bill to:

Company/
Group:

Name:

Address:

City,
Province/State:

Postal Code/
Zip:

Telephone:

Fax:

E-mail:

Web site:

*Federal ID# /
SSN

* For US customers only, or for product that is being shipped from Canada to customers in the US

Ship to:

Check here if same as billing address

Company/
Group:

Name:

Address:

City,
Province/State:

Postal Code/
Zip:

Telephone:

Shipping
Instructions:

Customer
account #

If other,
specify:

Payment Terms :

Credit Card Credit Card Authorization Form must be completed

Money Order

Certified Cheque

Pre-arranged
Terms

O.A.C.

Replication Information

Quantity to be replicated:

Master to arrive at CD-Rep.com
on:

Format required:

Master provided:

Printing and Packaging Information

Disc face
colors

Print
configuration other:

Print colors

Tray card

Packaging tray color for jewel case

Special
Packaging other, please specify

Shrinkwrap Yes No

Special
instructions

Additional Information

UPC barcode
required Yes No

Top spine label
required Yes No

Authorized
signature: _____

Date: _____

When you have completed this form, please print it out and fax SIGNED to CD-Rep.com @ 1-905-387-2730