

Mus-I-Col Record Order Form

Recording Studio/Record Manufacturing 780 Oakland Park Ave, Columbus, Ohio 43224 614-267-3133

Contact Information:

Client: _____ **Group:** _____
Address Street: _____ **Apt:** _____ **City:** _____ **State:** _____ **Zip:** _____
Phone 1: (_____) _____ - _____ **Phone 2:** (_____) _____ - _____
Email: _____

Production Schedule:

Date Ordered: _____ **Date Needed:** _____

We will do our best to meet your deadline. However, Musicol Recording CAN NOT GUARANTEE finished product on a given date.

Your Master Recording:

Side Length: A Side: _____ B Side: _____

Format: (Please circle the format of your included master)

AUDIO DISC (CD-R): A Side Tracks: _____ - _____ B Side Tracks: _____ - _____

DATA DISC (CD-R/DVD-R): Stereo (Y/N) Sample Rate: _____ Bit Depth: _____

(Include a track sheet with track times!!)

TAPE: Stereo / Mono Tail Out / Head Out Tones on Tail / Tones on Head

Reference Tones: _____, _____, _____, _____ @ _____ VU ... Notes: _____

OTHER: _____

MATRIX NUMBER (if lacquers are supplied by another company): _____

Your Pressing:

Format: 7" 10" 12"

Speed: 45RPM 33 1/3 RPM **Center Hole:** Small Large (for 7" only)

Number of Records Required (Total): _____

Colored Vinyl: Color(s): _____ **Quantity:** _____

Colored Vinyl: Color(s): _____ **Quantity:** _____

Colored Vinyl: Color(s): _____ **Quantity:** _____

Test Pressings (5 tests are included standard with your order. Additional tests are \$2.00 each)

Total Quantity Required (including standard 5): _____

Special Instructions: _____

Payment Information (circle what applies):

Card Type: _____ (we will call you for card numbers) Money Order

A deposit of \$400 (7") or \$500 (12") is required at the time you place your order. The balance will be paid when your order is ready to be shipped or picked up. We accept Visa, Mastercard, Discover and American Express.

Name / Title: _____ **Date:** _____