

Bill Smith

CUSTOM RECORDS, INC.

127 PENN STREET
 EL SEGUNDO, CALIFORNIA 90245
 (310) 322-6386

Please fill in or check all areas which are appropriate for your order

Bill to:

Ship to:

Matrix Number _____

PhoneNumber _____

Deposit Amount _____
 50% REQUIRED UPON ORDER PLACEMENT; BALANCE DUE PRIOR TO DELIVERY/SHIPMENT.

Alternate/Fax: _____
 (PLEASE INDICATE WHICH)

7" ___ 10" ___ 12" ___ 45RPM ___ 33RPM ___

Mastering: Yes ___ No ___

2 Step Processing: Yes ___ No ___
 Other _____

Test Pressing: Yes ___ No ___

Labels: Yes ___ No ___ Blank _____
 (If yes, please provide camera-ready artwork)
 Indicate color choice: paper _____
 ink _____

12" Jackets: White w/ hole ___
 Black w/ hole ___
 White w/ no hole ___
 Customer supplied ___
 Do You Want Shrink Wrap? ___

Quantity: _____
 Black Vinyl: ___ Color Vinyl: ___ Color Choice: _____
 Other Services: (stickers, inserts, plastic sleeves, etc.)

