

CD+DVD ORDER FORM

PLEASE NOTE: NO JOB WILL BEGIN UNTIL WE RECEIVE A FULLY COMPLETED AND SIGNED ORDER FORM. PLEASE PRINT, SIGN AND SUBMIT THIS ORDER FORM WITH YOUR MASTER DISC & ARTWORK.

OFFICE USE ONLY













SO NO:	
IMP NO:	






ORDER NAME:	
INVOICE TO BE MADE OUT TO:	
YOUR PURCHASE ORDER NO:	
COMPANY/BAND NAME:	
NAME:	
ADDRESS:	
CITY:	
STATE:	POSTCODE:
PHONE:	FAX:
EMAIL:	


DELIVERY REQUIRED*		DETAILS SAME AS ABOVE		*CHARGES APPLY. PLEASE CONFIRM WITH IMPLANT STAFF.
COMPANY/BAND NAME:				
NAME:				
ADDRESS:				
CITY:		STATE:	POSTCODE:	

* PLEASE TICK OR WRITE IN THE RELEVANT OPTIONS. PLEASE CALL US IF YOU HAVE ANY QUESTIONS: 1 300 79 78 78.

 QUANTITY:		 DISC TYPE:	<input type="checkbox"/> CD <input type="checkbox"/> DVD <input type="checkbox"/> SILVER <input type="checkbox"/> WHITE <input type="checkbox"/> BLANK
 DISC PRINT:	<input type="checkbox"/> BASIC <input type="checkbox"/> FULL <input type="checkbox"/> SPOT COLOUR:	 GLOSS COAT:	<input type="checkbox"/> NO <input type="checkbox"/> YES

 CASE TYPE:	 SLEEVES: <input type="checkbox"/> PVC <input type="checkbox"/> PAPER <input type="checkbox"/> ADHESIVE STRIP <input type="checkbox"/> ADHESIVE BACK <input type="checkbox"/> BINDER
 CLAMSHELL: <input type="checkbox"/> SQUARE <input type="checkbox"/> ROUND	 <input type="checkbox"/> SLIMLINE  <input type="checkbox"/> JEWEL  <input type="checkbox"/> DVD  <input type="checkbox"/> CARD SLEEVE
 GATEFOLD: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE	 DIGICASE: <input type="checkbox"/> 4 PANEL <input type="checkbox"/> 6 PANEL <input type="checkbox"/> SLIT/OPEN END  <input type="checkbox"/> OTHER:
 CASE COLOUR & STYLE:	<input type="checkbox"/> BLACK <input type="checkbox"/> CLEAR <input type="checkbox"/> WHITE <input type="checkbox"/> DOUBLE <input type="checkbox"/> SLIM <input type="checkbox"/> OTHER:
 CASE STOCK & FINISH:	<input type="checkbox"/> PLAIN <input type="checkbox"/> PRINTED <input type="checkbox"/> RECYCLED <input type="checkbox"/> MATT <input type="checkbox"/> GLOSS <input type="checkbox"/> OTHER:

 PAPER PARTS:	 BOOKLET: <input type="checkbox"/> 1PG <input type="checkbox"/> 2PG <input type="checkbox"/> 4PG <input type="checkbox"/> 6PG <input type="checkbox"/> 8PG <input type="checkbox"/> 12PG <input type="checkbox"/> 16PG <input type="checkbox"/> OTHER:
 INLAY: <input type="checkbox"/> SINGLE SIDED <input type="checkbox"/> DOUBLE SIDED	 J-CARD: <input type="checkbox"/> SINGLE SIDED <input type="checkbox"/> DOUBLE SIDED  DVD SLICK: <input type="checkbox"/> SINGLE SIDED <input type="checkbox"/> DOUBLE SIDED

 SHRINKWRAP:	<input type="checkbox"/> NO <input type="checkbox"/> YES
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 LAYOUT/DESIGN:	<input type="checkbox"/> NO <input type="checkbox"/> YES: NUMBER OF HOURS REQUIRED (CHARGED AT \$80/HR):
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OUR PAYMENT DETAILS

EFT Details
BANK: Commonwealth Bank
BSB: 063 111
ACC: 1059 3968
 *CREDIT CARD PAYMENTS attract a surcharge:
 Visa/Mastercard - 2%
 Amex/Diners - 3%

OUR LOCATION

Implant Media is located on the corner of Lygon St and Brunswick Rd in Brunswick.
Public Transport:
 Catch the number 1 or 8 tram from Swanston St. Alight at stop 120.

COMMENTS/DUE DATE:	TOTAL COST:
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TERMS & CONDITIONS:	
<p>Payment: I agree to pay Implant Media Pty Ltd. the balance owing on this order upon completion or collection of goods unless authorised otherwise by Implant Media Pty Ltd. I also accept that the invoice must be settled within 7 days of the invoice date if goods are uncollected and that an additional fee may be applicable for storage and or costs associated in recovering of moneys owing by an agency appointed by Implant Media Pty Ltd.</p> <p>Faults: any faults must be reported within 1 week of receipt of goods. Any allegedly faulty goods must be returned to Implant Media immediately for testing. Any goods found to be faulty will be replaced or refunded in full by Implant Media.</p> <p>Copyright: I hereby state that I am the copyright owner of all works to be duplicated or replicated in the specified format. All clearances, permissions and license requirements are solely my responsibility and as such I indemnify and hold harmless Implant Media and any other party involved in the manufacture of duplicated or replicated products against any claim of copyright infringement.</p> <p>BY SIGNING YOU AGREE TO THE TERMS, CONDITIONS & PRICE SPECIFIED ON THIS FORM.</p>	
SIGN:	DATE: / /