Order Form

RX Media, Inc.
3816 San Jacinto Street
Dallas, TX 75204

BILL TO:

Name:

Band or Company:

Street:

City: State: Zip:

Country:

Phone: day evening

Fax: email:

YOUR PAYMENT

Make all checks & Money orders payable to Crown Media.

Cash Money Order Check #_____

Visa Mastercard American Express

Card Number:

Exp. Date: Signature:

CARD BILLING NAME & ADDRESS (if different from billing address above)

Name:

Street:

City: State: Zip:

SHIP FINISHED PRODUCT TO: (if different from BILL TO address at left)

Name:

Band or Company:

Street:

City: State: Zip:

Country:

Phone: day evening

Fax: email:

SHIP AUDIO & DESIGN PROOFS TO: (if different from address above)

Name:

Band or Company:

Street:

City: State: Zip:

Country:

Phone: day evening

Fax: email:

YOUR PACKAGE

Duplication Replication CD DVD Posters

Reorder Invoice#_____ Monthly Special Yes No Salesperson Name:

QUANTITY	DESCRIPTION	ITEM PRICE	TOTAL
	Sales Tax (Texas shipments only)		
	Freight		
		Total	

FINAL DETAILS

Need finished product by:

(Note: RX Media Inc cannot quarantee delivery times.)

Free UPC bar code: Yes No

Shrinkó Wrap: Yes No

CD tray color: Black Clear

CHECKLIST

I have enclosed the following:

Signed Order Form

Signed Intellectual Poperty Rights Form

Graphics & Shipping Form

Completed Audio Master Log

Audio Master & Artwork

RECORDING STUDIO

Please tell us where you recorded your project:

Engineer's Name:

Studio Name:

Street:

City: State: Zip:

Phone: day

email:

I understand that production will not begin until deposit is paid. I authorize RX Media Inc to bill my credit card in full with any targeted overs if necessary. Customers will recieve a final desgin proof and are responsible for all final corrections. I declare that i have right to reproduce this project,and I agree to RX Media Inc's standard Terms and Conditions of Sale.

Print Name: _____ **Signature:** _____ **Date:** _____