Printable Order Form

1408 Fairway Ridge Dr., Raleigh, NC 27606, USA / Phone: 919.859.0102

Call us with any questions concerning this form. We are here to help!

CLIENT CONTACT INFO

NAME: _____ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____

PHONE: _____ ALT. PHONE: _____

FAX: _____ EMAIL: _____

ARTIST & PROJECT INFO

ARTIST NAME: _____ PROJECT TITLE: _____

PARENT LABEL: _____ SUB LABEL: _____

PROJECT CATALOGUE NUMBER / MATRIX NUMBER: _____

MIXDOWN (SOURCE) INFO

*   ***Please note our Accepted Formats & Source Tape Tips page if you have questions***

ANALOG SOURCES:

½" TAPE: _____ TOTAL NUMBER OF REELS: _____

¼" TAPE: _____ TOTAL NUMBER OF REELS: _____

DIGITAL SOURCES:

FTP: Call or email for delivery instructions.

CD-R (audio): _____ TOTAL NUMBER OF CDs: _____

DAT: _____ TOTAL NUMBER OF DATs: _____

CD-ROM /DVD-R DATA: _____ TOTAL NUMBER OF DATA DISCS: _____

EXABYTE DDP: _____ TOTAL NUMBER OF DATA TAPES: _____

OTHER: _____ TOTAL NUMBER: _____

MASTERING INSTRUCTIONS

TRACK LIST:

FINAL TRACK #	*TRACK TITLE*	*ISRC (if applicable)*

Use reverse for additional tracks.

ADDITIONAL MASTERING NOTES (noise notes, edits, processing instructions, assembly notes, concerns, changes you want to hear, etc):

_____

_____

_____

_____

TOTAL RUNNING TIME *(estimate if necessary)*: _____

MASTER APPROVAL / REFERENCE COPY INFO

PERSON APPROVING MASTERING:
This individual must report with an approval or changes within two weeks of receiving the reference copy. The initial reference copy is free. Changes requiring editing and reprocessing may result in additional studio time & charges. *(We will be glad to make & ship additional reference copies for other individuals, however, only the person listed below can approve the mastering. Additional references are $25 each. List additional names & addresses on reverse. Street addresses only.):*
NAME/TITLE: _____ COMPANY: _____

ADDRESS (street address only): _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ PHONE: _____

PAYMENT INSTRUCTIONS

Payment (in US funds only, check or money order payable to Bluefield Mastering, Inc.) must accompany this order. Please contact us by phone for total and shipping information to place your order.

PRODUCTION MASTER

MASTER DELIVERY:
NO. OF PROD. MASTERS (FIRST ONE IS FREE): _____

SHIP PRODUCTION MASTER TO:
COMPANY:_____ PHONE: _____

ADDRESS (street address only): _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ ATTN: _____

MIXDOWN (SOURCE) TAPES RETURN /SHIP TO:

COMPANY:_____ PHONE: _____

ADDRESS (street address only): _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ ATTN: _____