



DigitalResource Corporation

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CD REPLICATION ORDER FORM

ADMINISTRATIVE INFORMATION

1	Full Name _____	Business Name _____
	Address _____	Email * _____
	City/Town _____ Zip _____	Phone/Fax _____

PROJECT INFORMATION

2 Job Description: _____

Job delivery date: _____

No. of CD's: _____

Type of CD packaging: None Jewel case
 Window envelope Trim pack
 Others

Labels: _____

No. of colors on labels: _____

Printing _____

Special instructions: _____

How much time do we have to complete the project? _____

3 **Where did you hear about us?** Internet Broadcast
 Referral Print
 Sales Representative Others _____

PAYMENT INFORMATION

4 **Please check your preferred form of payment.**

Cash
 Check
 Bank deposit or Wire transfer *(please call 433-5614 for bank details)*

AGREEMENT

5 I confirm that the above information is true and correct.

Signature above printed name

Date

Please fax this form to 433-5619. We will process your account once payment has been received. To expedite your order, fax us your check or deposit slip and your account will be activated within 24 hours.