



DigitalResource Corporation

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DVD/VCD AUTHORIZING ORDER FORM

ADMINISTRATIVE INFORMATION

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

PROJECT INFORMATION

2	Tape Format	<input type="checkbox"/> VHS	<input type="checkbox"/> DV Cam
		<input type="checkbox"/> SVHS	<input type="checkbox"/> Beta SP
		<input type="checkbox"/> Mini DV	<input type="checkbox"/> Digi Beta
		<input type="checkbox"/> Other	
	Video Standard:	<input type="checkbox"/> NTSC (US)	<input type="checkbox"/> PAL
	Approximate running time of video: (from opening scene to closing credit)	<input type="checkbox"/> 1-5 minutes	<input type="checkbox"/> 5-10 minutes
		<input type="checkbox"/> 15-30 minutes	<input type="checkbox"/> less than an hour
		<input type="checkbox"/> 1-2 hours	<input type="checkbox"/> more than 2 hours
		<input type="checkbox"/> training video	
	Is the soundtrack in:	<input type="checkbox"/> stereo	<input type="checkbox"/> mono
	<input type="checkbox"/> not sure		
Do you want to add 2D or 3D logo sequence at the beginning of the program?	<input type="checkbox"/> Mini DV	<input type="checkbox"/> Hi 8	
	<input type="checkbox"/> PAL	<input type="checkbox"/> Beta Pal	
	<input type="checkbox"/> DVC		
Presentation Sequence:	<input type="checkbox"/> Random access from opening screen menu	<input type="checkbox"/> Linear intro, then random access	
	<input type="checkbox"/> Interactive	<input type="checkbox"/> Not sure	
What content do you have that you want to add? Check all that apply.	<input type="checkbox"/> Text slides	<input type="checkbox"/> Flash animations	
	<input type="checkbox"/> Powerpoint presentations	<input type="checkbox"/> Photographs	
What content would you need us to create for you? Check all that apply.	<input type="checkbox"/> New soundtrack	<input type="checkbox"/> Voice over/ narration	
	<input type="checkbox"/> 2D animation sequence	<input type="checkbox"/> 3D animation sequence	
	<input type="checkbox"/> Scene change transition		
Purpose of the completed VCD or DVD	<input type="checkbox"/> Sales presentation	<input type="checkbox"/> In-house presentation / training	
	<input type="checkbox"/> Direct mail / handouts for clients / customers		
How much time do we have to complete the project? _____			

3	Where did you hear about us?	<input type="checkbox"/> Internet	<input type="checkbox"/> Broadcast
		<input type="checkbox"/> Referral	<input type="checkbox"/> Print
		<input type="checkbox"/> Sales Representative	<input type="checkbox"/> Others _____

PAYMENT INFORMATION

4	Please check your preferred form of payment.
	<input type="checkbox"/> Cash
	<input type="checkbox"/> Check
	<input type="checkbox"/> Bank deposit or Wire transfer <i>(please call 433-5614 for bank details)</i>

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.