

# Midwest Productions – Audio Transfer Order Form

Please complete this form and include with your order. If shipping order in multiple boxes, please include a copy of this form in each box.

## CONTACT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (day) Phone: \_\_\_\_\_ (eve)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Ship / Deliver Transfer To:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TYPE	Quantity Sent	Noise Reduction	Album Scan Cover(s) <small>(\$6.00 each)</small>	# of additional Copies <small>(non-commercial recordings only)</small>	Additional Instructions
<b>RECORDS</b> <small>LP / 45 / 78 / 16" transcription</small>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>CASSETTES</b>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>MICRO or MINI CASSETTES</b>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>REEL to REEL TAPE</b>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>8 TRACK</b>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>DAT TAPE</b>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>OTHER</b>		<input type="checkbox"/>	<input type="checkbox"/>		

## TITLES:

If you would like a title(s), please indicate below:

Please title my disc: \_\_\_\_\_

**Payment:** Payment type:  Money Order  Cashiers Check  Check (Requires 14 day clear period.)  
 Credit Card:  Master Card  Visa  American Express

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 ☎ www.midwestproductions.com ☎ support@midwestproductions.com

*Prices subject to change without notice.*