

ORDER FORM

DUPLICATION
REPLICATION
PRINT

*No job is started until we receive this form fully completed and signed. Please tick boxes or write info.

SALES ORDER No.

IMP No.

1. ORDER NAME:	ORDER NAME	
	INVOICE TO BE MADE OUT TO	
	YOUR PURCHASE ORDER NO.	

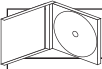


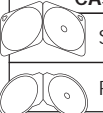





2. CD, DVD OR OTHER?	CD	<input type="checkbox"/>	→	AMOUNT REQUIRED	
	DVD	<input type="checkbox"/>			
				BLANK	<input type="checkbox"/>
	OTHER*			AMOUNT REQUIRED	

*IE. CASES ONLY, POSTERS, STICKERS, PHOTOCOPYING ETC.

















3. DO YOU REQUIRE PRINT (GRAPHICS) ON THE DISC?	YES	<input type="checkbox"/>	→	PRINT ON DISC SURFACE: (PLEASE SPECIFY BELOW)
	NO	<input type="checkbox"/>		

DISC TYPE:	DUPLICATION:	GLOSS COAT:	REPLICATION:										
 SILVER <input type="checkbox"/>  WHITE <input type="checkbox"/>	INKJET/THERMAL PRINT <small>(FOR RUNS OF UPTO 500 DISCS)</small>  BASIC PRINT <input type="checkbox"/>  FULL PRINT <input type="checkbox"/>	<small>FOR RUNS OF UPTO 500 DISCS. PROTECTS PRINT, ENHANCES COLOURS. RECOMMENDED FOR ALL COLOUR DISC PRINTS.</small>  GLOSS COAT <input type="checkbox"/>	<small>PLEASE SPECIFY PANTONE (PMS) NUMBERS</small> SCREEN PRINT <small>(ONLY FOR 500+ CDs OR 1000+ DVDs)</small> FULL COLOUR <input type="checkbox"/> SPOT COLOUR <input type="checkbox"/> → <table border="1" style="float: right;"> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> </table>	1.		2.		3.		4.		5.	
1.													
2.													
3.													
4.													
5.													

4. DO YOU REQUIRE A CASE?	YES	<input type="checkbox"/>	→	TYPE OF CASE: (PLEASE SPECIFY BELOW)
	NO	<input type="checkbox"/>		

 JEWEL CASE BLACK TRAY <input type="checkbox"/> CLEAR TRAY <input type="checkbox"/> WHITE TRAY <input type="checkbox"/> DOUBLE TRAY BLACK <input type="checkbox"/> DOUBLE TRAY CLEAR <input type="checkbox"/>  SINGLES* <small>*TAKES J-CARD INSERT</small> SHRINKWRAPPING <input type="checkbox"/>	 SLIMLINE CASE BLACK TRAY <input type="checkbox"/> CLEAR TRAY <input type="checkbox"/> BLUE TRAY <input type="checkbox"/> ORANGE TRAY <input type="checkbox"/> PURPLE TRAY <input type="checkbox"/> PINK TRAY <input type="checkbox"/> GREEN TRAY <input type="checkbox"/> OTHER (PLEASE SPECIFY) <input type="text"/>	 CLAMSHELL CASE SQUARE <input type="checkbox"/> ROUND <input type="checkbox"/>  CARDSLEEVE WHITE <input type="checkbox"/> PRINTED <input type="checkbox"/>	 PVC SLEEVE <input type="checkbox"/>  PAPER SLEEVE <small>WITH CLEAR WINDOW</small> <input type="checkbox"/>  DIGICASE WHITE <input type="checkbox"/> PRINTED <input type="checkbox"/> GLOSS CELLO <input type="checkbox"/> MATT CELLO <input type="checkbox"/>	 DVD CASE BLACK <input type="checkbox"/> CLEAR <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> WHITE <input type="checkbox"/> DOUBLE CLEAR <input type="checkbox"/> SLIM BLACK <input type="checkbox"/> SLIM CLEAR <input type="checkbox"/>
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5. DO YOU REQUIRE PAPER PARTS?	YES	<input type="checkbox"/>	→	PAPER PRINTING REQUIRED: (PLEASE SPECIFY BELOW)
	NO	<input type="checkbox"/>		

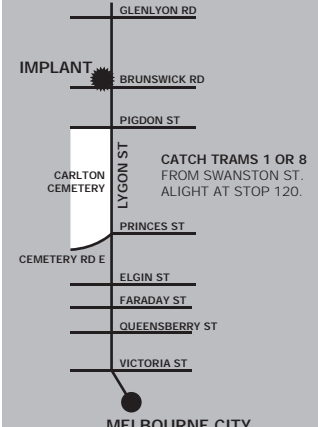
 1 pg <input type="checkbox"/>  2 pg <input type="checkbox"/>  4 pg <input type="checkbox"/>  6 pg <input type="checkbox"/>	 8 pg <input type="checkbox"/>  12 pg <input type="checkbox"/>  12 pg POSTER <input type="checkbox"/>  16 pg <input type="checkbox"/>	 20 pg <input type="checkbox"/>  24 pg <input type="checkbox"/>  INLAY SINGLE SIDED <input type="checkbox"/>  INLAY DOUBLE SIDED <input type="checkbox"/>	 DVD SLICK SINGLE SIDED <input type="checkbox"/>  DVD SLICK DOUBLE SIDED <input type="checkbox"/>  J-CARD SINGLE SIDED <input type="checkbox"/>  J-CARD DOUBLE SIDED <input type="checkbox"/>	OTHER (PLEASE SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/>
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6. DO YOU REQUIRE ANY POSTERS OR STICKERS?	YES		➔	PLEASE SPECIFY BELOW		
	NO					

POSTER	STICKER	AMOUNT REQUIRED																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">SIZE</td> <td style="width:20%;"></td> <td style="width:20%;">BLACK & WHITE</td> <td style="width:20%;"></td> </tr> <tr> <td>A4</td> <td></td> <td>FULL COLOUR</td> <td></td> </tr> <tr> <td>A3</td> <td></td> <td>SINGLE SIDED</td> <td></td> </tr> <tr> <td colspan="2">STOCK</td> <td>DOUBLE SIDED</td> <td></td> </tr> <tr> <td>100 GSM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>120 GSM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>140 GSM</td> <td></td> <td></td> <td></td> </tr> </table>	SIZE		BLACK & WHITE		A4		FULL COLOUR		A3		SINGLE SIDED		STOCK		DOUBLE SIDED		100 GSM				120 GSM				140 GSM				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">BLACK & WHITE</td> <td style="width:20%;"></td> </tr> <tr> <td>FULL COLOUR</td> <td></td> </tr> <tr> <td colspan="2">STICKER DIMENSIONS</td> </tr> <tr> <td>WIDTH</td> <td style="text-align:right;">MM</td> </tr> <tr> <td>HEIGHT</td> <td style="text-align:right;">MM</td> </tr> <tr> <td>CUTTING REQUIRED</td> <td></td> </tr> </table>	BLACK & WHITE		FULL COLOUR		STICKER DIMENSIONS		WIDTH	MM	HEIGHT	MM	CUTTING REQUIRED			
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7. DO YOU REQUIRE ANY LAYOUT, DESIGN OR AUDIO/VIDEO TRANSFER?	YES		➔	NO. OF HOURS REQUIRED (charged per hour)		
	NO					

8. DUE DATE:	DATE REQUIRED:	/	/	<small>*PLEASE NOTE TURNAROUND TIMES MUST BE CONFIRMED BY IMPLANT STAFF</small>
	DATE RECEIVED BY IMPLANT:	/	/	

9. YOUR DETAILS:	DETAILS ALREADY ON FILE*		<small>*PLEASE FILL IN NAME AND CONTACT NUMBER ONLY</small>		
	PRICE QUOTED BY IMPLANT:		\$		
<p>PAYMENT DETAILS:</p> <p>ACCOUNT NAME: IMPLANT BSB NUMBER: 803 140 ACCOUNT NUMBER: 81512</p> <p>* EFTPOS AND CREDIT CARD PAYMENTS ATTRACT A SURCHARGE: EFTPOS, VISA, MASTERCARD: 2% AMERICAN EXPRESS, DINERS: 3%</p> <p>LOCATION: (NOT TO SCALE)</p> 	COMPANY/BAND NAME:				
	FIRST NAME:				
	LAST NAME:				
	ADDRESS:				
		CITY:			
		STATE:		POSTCODE:	
	CONTACT NAME:				
	PHONE:		FAX:		
	ALT PHONE:				
	EMAIL:				
	DELIVERY REQUIRED*		<small>*CHARGES APPLY. PLEASE CONFIRM WITH IMPLANT STAFF.</small>		
	DETAILS SAME AS ABOVE				
	COMPANY/BAND NAME:				
	ADDRESS:				
	CITY:				
	STATE:		POSTCODE:		

10. TERMS & CONDITIONS:	<p>PAYMENT: I AGREE TO PAY IMPLANT THE BALANCE OWING ON THIS ORDER WITHIN 7 DAYS OF THE INVOICED DATE - AND - TO PAY AN ADDITIONAL FEE SHOULD IMPLANT BE REQUIRED TO EMPLOY SOLICITORS TO ARRANGE FOR PAYMENT OF THE BALANCE OWING ON THIS INVOICE.</p> <p>WITH CD REPLICATION RUNS OF 500 TO 1000 THERE MAYBE OVERPRINTS OF + OR - 10%. I AGREE TO PAY FOR THE FINAL AMOUNT SUPPLIED WITH MY ORDER.</p> <p>FAULTS: ANY FAULTS MUST BE REPORTED WITHIN 1 WEEK OF RECEIPT OF GOODS. ANY ALLEGEDLY FAULTY GOODS MUST BE RETURNED TO IMPLANT IMMEDIATELY FOR TESTING. ANY GOODS FOUND TO BE FAULTY WILL BE REPLACED OR REFUNDED IN FULL BY IMPLANT.</p> <p>COPYRIGHT: I HEREBY STATE THAT I AM THE COPYRIGHT OWNER OF ALL WORKS TO BE DUPLICATED OR REPLICATED IN THE SPECIFIED FORMAT. ALL CLEARANCES, PERMISSIONS AND LICENSE REQUIREMENTS ARE SOLELY MY RESPONSIBILITY AND AS SUCH I INDEMNIFY AND HOLD HARMLESS IMPLANT MEDIA AND ANY OTHER PARTY INVOLVED IN THE MANUFACTURE OF DUPLICATED OR REPLICATED PRODUCTS AGAINST ANY CLAIM OF COPYRIGHT INFRINGEMENT.</p>
	<p>BY SIGNING YOU AGREE TO THE TERMS, CONDITIONS AND PRICE SPECIFIED ABOVE.</p>

SIGN:		DATE:	/	/
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