Mus-I-Col Record Order Form

Recording Studio/Record Manufacturing 780 Oakland Park Ave, Columbus, Ohio 43224 614-267-3133

Client:	Group:	
		State: Zip:
Email:		
Production Schedule:	B . N. I I	
	Date Needed However, Musicol Recording CAN NOT GU.	*ARANTEE finished product on a given date.
Your Master Recording	g:	
Side Length: A Side:	B Side:	
Format: (Please circle the for		
	Tracks: B Side	Tracks:
DATA DISC (CD-R/DVD-R): St	ereo (Y/N) Sample Rate:	Bit Depth:
(Include a track sheet w	vith track times!!)	
TAPE: Stereo / Mono Tail Ou	ıt / Head Out Tones on Tail /	Tones on Head
Reference Tones:,	,, @ VU	Notes:
OTHER:		
MATRIX NUMBER (if lacquers	are supplied by another com	pany):
Your Pressing:		
Format: 7" 10" 12"		
Speed: 45RPM 33 1/3 RPI	M Center Hole: Small La	rge (for 7" only)
Number of Records Required	l (Total):	
	Quantity: _	
Colored Vinyl: Color(s):	Quantity: _	
Colored Vinyl: Color(s):	Quantity: _	
Test Pressings (5 tests are incl	uded standard with your order.	Additional tests are \$2.00 each;
Total Quantity Required (inclu	uding standard 5):	
Special Instructions:		
Payment Information		
Card Type: (we	will call you for card numbers is required at the time you place your) Money Order
	picked up. We accept Visa, Mastercard	
Name / Title:		Date