

Video Duplication Order Form

DATE _____

JOB ____ of ____

CUSTOMER _____

ADDRESS _____ CITY _____ ZIP _____

PHONE () _____ E-MAIL _____

How did customer hear of us? _____

Original format _____

Final format _____

Total number of copies _____

Date to be completed _____

LENGTH OF PROGRAM (APPROXIMATE) _____ ACTUAL LENGTH _____

DO YOU WISH TO COPY THE ENTIRE VIDEOTAPE? _____ Is videotape cued to starting point? _____

Packaging /Delivery

JOB TO BE PICKED UP _____ DELIVERED? _____ **SHIPPING IS EXTRA** (SHOW ADDRESS IF DIFFERENT FROM ABOVE)

LABEL TO READ:

SPECIAL INSTRUCTIONS: _____

READ THIS NOTICE:

The videotape submitted for duplication is my copy and I have the right to authorize such duplication. In the event of any claims of copyright infringement, I accept full responsibility and hold Sound Memories and American Video Services harmless.

Submitting videotape for any purpose constitutes an AGREEMENT that if the tape is damaged or lost by this company or any outside service selected by this company, even due to negligence or other fault, such damage or loss only entitles me to replacement with an equivalent amount of blank videotape. Except for such replacement the acceptance of the videotape is without warranty or other liability of any kind, and recovery for any incidental or consequential damages or claims is specifically excluded. **SOUND MEMORIES AND ALKAYEMEDIA IS NOT RESPONSIBLE FOR PROJECTS LEFT OVER 30 DAYS.**

SIGNATURE ACCEPTING TERMS AND PRICES:

_____ Date: _____