☐ **SEND PROOF** ☐ **DO NOT SEND PROOF**

I understand that if no proof is sent, QCA will proofread but accepts no responsibility whatsoever for errors overlooked. Changes from original copy will be charged on a time and material basis.

# CASSETTE ORDER FORM

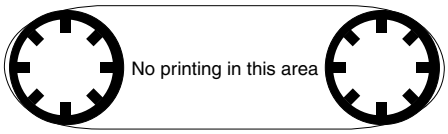
**NOTE:** All cassettes are mastered with Dolby B noise reduction unless otherwise specified.

**BACK FLAP** **SPINE** **FRONT**

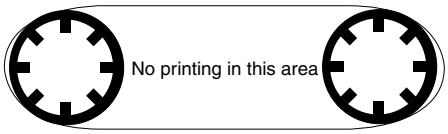
**INSIDE PANEL** (Reverse side of front)
**$25.00 one-time charge for negative**
**$50.00 one-time charge for type & negative if artist layout and design is required**

PHOTO MAY FILL COMPLETE FRONT—MAY BLEED TOP, BOTTOM, RIGHT SIDE.

**A SIDE**




**B SIDE**




PLEASE TYPE ALL COPY ON SEPARATE SHEETS. THEN MARK LAYOUT WHERE EACH IS TO APPEAR AND COPY WILL BE TYPESET AS CLOSELY AS POSSIBLE TO YOUR LAYOUT. WE ACCEPT NO RESPONSIBILITY FOR CORRECTIONS ON HANDWRITTEN COPY.

SPECIAL INSTRUCTIONS:_____

**QCA, INC.**
2832 Spring Grove Ave., Cincinnati, OH 45225
**Phone (513) 681-8400 • Toll Free 1 (800) 859-8401**
**Fax (513) 681-8715 • Email info@go-QCA.com**
**www.go-QCA.com**

# CASSETTE ORDER FORM

**Important—Order Blank Must Be Typed**
**And Filled Out Completely**

☐ **NEW ORDER** ☐ **REORDER**

**BILL TO:** **P.O. #** _____

_____

_____

_____

_____

**SHIP TO:** *UPS and Federal Express will not deliver to P.O. boxes.*

_____

_____

_____

_____

**PHONE:** (Day) _____ (Evening) _____ **EMAIL:** _____

**TITLE:** _____ **ARTIST:** _____

**CASSETTE:** ☐ CLEAR ☐ WHITE ☐ OTHER _____ **INK COLOR:** ☐ WHITE ☐ BLACK ☐ OTHER _____

**SEND PROOF TO:** ☐ BILL TO ADDRESS ☐ SHIP TO ADDRESS

☐ OTHER _____

**SEND TEST TO:** ☐ BILL TO ADDRESS ☐ SHIP TO ADDRESS

☐ OTHER _____

**SHIP VIA:** ☐ GROUND ☐ AIR ☐ PICK UP ☐ OTHER _____

**THIS JOB IS SHORT:** _____

| PLEASE CHECK | TAPE | COPY | PHOTOS | DEPOSIT | OTHER |
|---|---|---|---|---|---|
| Enclosed With Order | | | | | |
| Under Separate Cover | | | | | |

YOUR ORDER WILL BE DELAYED IF YOU HAVE FAILED TO SEND ALL NECESSARY MATERIALS AND A 50% DEPOSIT WITH THE ORDER. ANY PAYMENTS MADE WITHIN TWO WEEKS OF SHIPMENT MUST BE CASH, MONEY ORDER, CERTIFIED CHECK, VISA, MASTERCARD, OR AMERICAN EXPRESS. NO PERSONAL CHECKS WILL BE ACCEPTED.

*All orders are considered complete within 10% above or below quantity ordered as a **charge** or **credit** against your order.*

_____
Signature *All forms must be signed.*

| QUANTITY | STYLE | UNIT PRICE | TOTAL |
|---|---|---|---|
| _____ | _____ | @ _____ | $ _____ |

☐ **TEST CASSETTE**

**EXTRA CHARGES:**

_____ _____
_____ _____
_____ _____
_____ _____
Freight: 10¢ each* _____
**TOTAL** _____
**50% DEPOSIT** _____
**BALANCE** _____

*One destination per order, minimum $30.00

☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ Check or Money Order

Account # | | | | | | | | | | | | | | | | |

_____ _____ _____
Print name exactly as it appears on card. Signature Ex. Date