

Audio Transfer Order Form

Please submit this order form along with the audio media you would like transferred.

How to submit this form: Type directly in this form, save, and print - or - print the form and handwrite the information in the specified boxes.

Customer Name:			
Mailing Address:			
City:		State:	Zip:
Day Phone:		Alternate Phone:	
Requested completion date <i>(Standard turn around is four weeks from receipt of all materials):</i>			

Materials Submitted:

Record Albums

Qty	Description	Estimated Run Time / per item	Estimated Total Run Time
	12 inch album 33 rpm		
	12 inch album 45 rpm		
	12 inch album 75 rpm		
	6 inch single 45 rpm		

Cassette Tapes

Qty	Description	Estimated Run Time / per item	Estimated Total Run Time
	Standard play 2 sided cassette	60 minute	
	Long play 2 sided cassette		



Materials Submitted: *(cont.)*

Reel-to-Reel Tapes

Recording times on these tapes are difficult to estimate, due to possible recording speeds and channels. Family Memories will provide a quote before starting work on your reel to reel transfer order. If you choose not to transfer your reels a minimum service charge of \$25 will apply.

Please provide quotation for work prior to starting transfer: **\$25.00** *(Applied to the transfer order if you proceed.)*

Qty	Description	Estimated Run Time / per item	Estimated Total Run Time
	7 inch diameter tape		
	5 inch diameter tape		

Total run time minutes x \$1.00/minute

Number of additional individual tracks requested x \$5.00/track
(Basic transfer charge includes one free track per each side of recorded media submitted.)

Requested Transfer Format

Audio Compact Disc | Number of Copies x \$15/per copy

Data Compact Disc *(Digital File Formats)*

.wav | Number of Copies x \$15/per copy

.mp3 | Number of Copies x \$15/per copy

.ift | Number of Copies x \$15/per copy

other | Number of Copies x \$15/per copy

(additional charges may apply)

One copy included for no additional charge - \$15.00

Total charges for copies

Total charges for transfer, additional tracks and copies, and quotation *(for reel-to-reel only)*

- or -

Minimum charge of \$60 will be charged for any audio transfer order

(Cassette Audio tape transfer: \$25.00 minimum charge)

CA tax

Total Charges Due

Headquarters: 1287 Hammerwood Avenue, Sunnyvale, CA 94089 • Fax: 408.720.0282

Payment Options *(Full payment due at time of project submission)*

Check *(include with this order form)* **Money Order** *(include with this order form)* **Visa/Master Card/American Express**

Credit Card Number:

Expiration Date:

Please read the following carefully and sign below:

The film, photos and/or other materials submitted to us on this order are my personal property and I acknowledge and agree that Infinity Productions' or its agents' liability for any loss, damage or delay to said material during the requested service will be limited to the replacement cost of a non-exposed roll of film or replacement cost of a CD or cassette. Except for such replacement, Infinity Productions or its agents shall not be liable for any other loss or damage, direct, consequential or incidental arising out of customer's use of Infinity Productions services.

The undersigned hereby warrants that the photos, slides, film or video materials being presented to Infinity Productions or its agents for transfer are not to his/her knowledge protected by copyrights owned by another, or that if the material is protected the undersigned has obtained the permission of the copyright owner to make or have Infinity Productions make copies of the material, and that such permission is in written form and in the possession of the undersigned. The undersigned hereby warrants that this order is to be used exclusively for private home use and will not be commercially distributed. The undersigned will hold Infinity Productions harmless for any judgement costs, legal fees, or other expenses that might arise by the reason of any infringement of copyright related to this order.

Transfer Guaranteed. Limited to re-do only. No refunds.

Undersigned agrees to pay amount due in full.

Signature:	Date:
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Titling:

Please label each item submitted in chronological order and write out how you would like that item titled. If each item is clearly marked on the item itself, simply write "see item" in title description. *(Please use additional pages of instructions as needed.)*

Item #	Title <i>(Limited to 30 spaces)</i>

Special Instructions *(Additional charges may apply if special instructions require additional editing or handling)*

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