



15303 Ventura Blvd, Suite 900
 Sherman Oaks, CA 91403
 tel: (818) 380-3090
 fax: (818) 901-1605

PROJECT ORDER/CONFIRMATION FORM

COMPANY INFORMATION			
Company Name:		PO#:	Date:
Address:			
City:		State:	ZIP Code:
Contact Name:			
Phone:		Fax:	E-mail:
Referred by	Company Name:		Contact Person:

PROJECT INFORMATION				
Project/Show:		Segment:	Ep#:	
Types of Scripts/Lists (circle your selections)				
Dialogue Lists	As-Broadcast Scripts	Continuity Lists	Reality TV/Doc	Customized
Basic	Script Format	Combined Continuity	B-Roll	
Detailed	Technical Format	Spotting List	Interview	
Dialogue Continuity	Documentary Format	(CDSL) Combined Dialogue & Spotting List		
		(CCSL) Combined Continuity & Spotting List		
Include Time Codes: YES NO				

FORMAT INFORMATION					
Source Material (circle one)	VHS		DVD		Digital
Your FTP site (if applicable):					
Number of Tapes:			Tape #'s/Titles:		
Special Instructions: YES NO (Attach add'l instructions)					
Return Tapes Via (circle one)	Courier	Mail	Fed-Ex/UPS	Pickup	Recycle
Fed-Ex Account #(if applicable):			UPS Account #(if applicable):		

Note: If nothing is specified, tapes will be held for 30 days and then recycled.

TURNAROUND TIME		
Standard	Rush	(circle one)
		Due Date:
Note: Work must be scheduled in advance via phone, fax or email in order to have guaranteed turnaround times.		

DELIVERY OF FINAL SCRIPTS/LISTS				
Delivered Via (circle all that apply)	E-Mail	Hard Copy	CD	Other:
E-Mail Address:				
Contact Name:				
Address:				
City:		State:	ZIP Code:	
Note: There is a 50¢ charge per page for Hard Copy delivery.				

SIGNATURES	
Signature:	Date:

FOR OFFICE USE ONLY

ORDER CONFIRMATION	
Signature:	Tape Arrived:
Date:	Job #: