



MorphiusDisc Manufacturing

CD / CD-R / DVD Purchase Order

100 East 23rd St., Baltimore, MD 21218
tel 410-662-0112, fax 410-662-0116
info@morphius.com www.morphius.com

COMPANY NAME: _____

ARTIST/BAND NAME: _____ **PROJECT NAME:** _____

ORDER CONTACT NAME: _____ **EMAIL:** _____

PHONE: _____ (cell) _____ (office) _____ (other: _____)

ADDRESS: _____

ART CONTACT NAME (if different): _____ **EMAIL:** _____

PHONE: _____ (cell) _____ (office) _____ (other: _____)

BILL TO: _____ **PO # / CATALOG #:** (optional) _____

Address: _____

Phone #: _____

NEED JOB IN HAND BY: _____ Rush shipping charges OK, if necessary

(If this job falls short of our normal turn-time we will contact you to discuss rush/shipping charges.)

Please give reason for needing job in hand by certain date: _____

RUSH ART PROCESSING: Orders with specific deadlines frequently require some form of rush processing, printing, replication, and/or shipping in order to arrive on time. If your order has a specific deadline, please initial this section to authorize us to expedite our review of your provided art files for a non-refundable fee of \$39. Please note that rush printing, replication, and/or shipping may still be required to meet your deadline. Speak to your sales rep for more info.

_____ *(initial here to approve rush art processing)*

YOUR MASTER IS A: CD or CD-R (preferred) DDP Other: _____

Have you provided all components for this order? *(if no, please explain):* _____

I or an authorized representative for this project have listened to the master being provided and it is approved for usage.

QUANTITY OF DISCS BEING ORDERED: _____

Final billing will be pro-rated based on actual CD quantity produced. To help us to meet your needs as accurately as possible, please select your preference below. If you need to have a certain minimum quantity, please specify "MUST HAVE" and write the quantity needed below. If you prefer to be billed for as close as possible to the selected quantity, specify "SHIP EXACT" below. Up to 2% overs will be billable on all orders.

SHIP EXACT *(will be billed for up to +2% overs)* MUST HAVE at least: _____ *(will be billed for up to 10% overage)*

Be aware that up to a 10% underage of requested quantity (while not typical) is acceptable on any order. All "board product" is subject to up to 10% overs. On orders being packaged in printed jackets/cardboard sleeves/digipaks we will package all available CDs and bill for 10% overs on packaged quantity (unless otherwise requested in writing.)

PACKAGING TYPE: *(check all that apply)*

Bulk CDs only *(no packaging)*

Jewel Box without Shrink Wrap

Slim-Line, or Multiple Box *(describe below)*

Inserts and Tray Cards

Add top spine labels to jewel cases

CD Sleeve (printed 5x5 single sleeve)

Jewel Box with Shrink Wrap

Gatefold Jacket or Eco Wallet (please describe below)

Tray Color *(other than standard):* _____

Digipak (indicate # of panels and tray position below)

Other: _____

QUANTITY TO BE PACKAGED: All Partial (describe): _____

UPC CODE:

Does job get a UPC Code? Yes No Check here if barcode appears on topspine only

If so, Morpheus Supplied Number Customer Supplied Number: _____

How are you submitting the design for your Disc Surface:

CD-R FTP (please call for instructions) To be designed by Morpheus

(If we will be completing your design work please email all text or include on a CD-R in word format, so as to avoid add'l charges for us to retype it. If you are sending your artwork on disk, please refer to www.morphius.com/manufacturing for specifications, sizing, and acceptable programs/file formats.)

Number of colors on your Disc Surface design:

Colors (Note: Black ink & White ink each count as colors. We recommend that all full color silkscreen or offset printing be 5 color (CMYK + White):

1 2 3 4 5

Silkscreen Printing Upgrade to Offset Printing (speak to your customer rep for additional cost)

Specify Pantone Solid Coated PMS #s _____ If used, Background Flood Color: _____

Are we printing your inserts?: Yes No N/A: No inserts with this order

(if someone else is providing your inserts, please obtain our sizing specifications & instructions from us prior to printing to avoid possible add'l charges)

Quantity of Inserts being Ordered: _____

(Please be aware that a 2% overage fee for the requested quantity will automatically be applied to your print order to allow for shrinkage during packaging for all ship exact" orders, and up to 10% overage on any "Must Have" orders. All board products will be subject to 10% overs/unders.)

How are you submitting the design for your Insert Printing?:

CD-R FTP (please call for instructions) To be designed by Morpheus

(If we will be completing your design work please email all text or include on a CD-R in word format, so as to avoid add'l charges for us to retype it. If you are sending your artwork on disk, please refer to www.morphius.com/manufacturing for specifications, sizing, and acceptable programs/file formats.)

Printed Insert Format:

Number of Pages / Panels: _____

Type: Stapled Booklet Folded Poster Foldout Other: _____

Insert Colors: 4/4 4/1 4/0 1/1 Other additional PMS Colors: _____

Tray Card Colors : 4/4 4/1 4/0 1/1 Other additional PMS Colors: _____

Digipaks (if applicable):

Number of Panels: _____

Colors: Full color B/W Other additional PMS Colors: _____

Tray Color (please list): _____

Placement Location of Tray and any Pockets: _____

If you are submitting art files on a CD-R, via Email or via FTP, who should we contact if there are problems with the files?:

Name: _____

Phone#: _____ Email: _____

If there are corrections needed which will require add'l billing and you prefer that we proceed with corrections without contacting you (to avoid delays), please check this box:

PROOFS:

Prior to proceeding with your job, we must get your approval of an electronic PDF proof (there is no additional cost for this):

(email address to send proof) _____

Please contact us by phone if you have not received proofs within one business day of our receipt of your art. Failure to approve the PDF proofs we send to you will cause delays to your job.

I do not have convenient daily access to email and prefer to arrange other proof approval methods.

I would also like to get a Calibrated Hard Copy Proof Sent to Me (adds to cost and length of turnaround time)

Shipping Address for hard copy proof is _____

SHIPPING METHOD:

Customer p/u (for local customers)

Ship via best ground service

Rush ship via: _____

Rush ship partial qty (list qty): _____

Shipping Instructions: _____

Shipping Name/Address: _____

PAYMENT OPTIONS: Debit Card Credit Card Check/Money Order Cash

if paying by credit card please fill out the following:

Name: _____ Card Type: VISA M/C AMEX DISCOVER

Card Number: _____ Exp. Date: _____ 3/4 digit security code _____

Billing Address: Same as address listed on first page

Amount to charge on card: 75% 100% Send invoice for approval prior to charging card

OTHER INSTRUCTIONS / NOTES:

Use of this form is a declaration by Customer of possession of all rights for the purpose of duplication, including the right to use certain films, music and sound recording, pictures, software, etc. and a guarantee by Customer that all other payable fees which are due for mechanical licensing or other royalties be paid to the competent organizations, & that no claim in this respect will be raised against MorphiDisc Mfg, Morphius Records, Inc, or any of its employees or subcontractors. Customer indemnifies Morphius Records, Inc. in all respects, in particular for claims raised by third parties including claims from copyright or other organizations, and for expenses arising from legal or court actions for asserted or factual violation of such rights. Such indemnifications include production cost, if any incurred by Morphius. Customer acknowledges having read and being bound by the Standard Terms & Conditions of Manufacturing set forth by MorphiDisc Mfg for all orders (available online at www.morphius.com/manufacturing/terms.cfm or by written request). MorphiDisc Mfg is not responsible for errors in the content of Customer's provided master. Customer or an authorized representative for this project has proofed the content master sent for duplication/replication for its content & indexing accuracy, and understands that finished product will be an exact copy of this master.

SIGNATURE: _____

DATE: _____



INTELLECTUAL PROPERTY RIGHTS FORM

DVD & CD-ROM Intellectual Property Rights (IPR) Form

PART NUMBER (INTERNAL USE ONLY)

Customer Information

* All required fields are bold

Acct. Manager/Sales Person :

To be filled in by the Replicator

Customer Name :

Please enter your first and last name (required)

Artist/Band Name :

Please enter your artist or band name (optional)

Project Title :

Please enter your project title (required)

Company/Label Name :

Please enter your company or label name (optional)

Email Address :

Please enter your email address (required)

Phone Number :

Please enter your phone number w/ area code (required) [ex. 555-555-5555]

Distribution Information

How You Plan To Distribute Your Discs: Within an organization Retail Sale Free to public Other
Countries Where You Plan To Distribute Your Discs: United States Canada Other

Project Information

Project Type (CD-ROM, DVD-ROM, DVD-Video)

I understand that if I am not the owner of all the intellectual property rights for the entire contents on this disc, to include the music synched with the video and any supplied artwork, I am required to purchase licensing from the owner or owners of the intellectual property rights of the content. This includes any sampled recordings regardless of type, quantity, and length.

CD-ROM /DVD-ROM/USB Content Information

If your project contains any software, freeware and shareware products please list them in the area below if applicable. Please submit licensing for all non-owed software. Some shareware and freeware products require distribution licensing. Consult the software vendor for what is necessary.

DVD Video Information

If your DVD Video project, if applicable, has any music playing as background music or is being performed and sung by people in the video (synchronized with the video) please fill out the below information in the order the music is heard in the video. Synchronization Licensing is REQUIRED for any music synched into your video production. If authoring studio is using music from a purchased music publisher's library list the information below.

ARTIST / MUSIC PUBLISHER LIBRARY	TRACK / DISC #	TRACK TITLE / NAME	PUBLIC DOMAIN	OWN	LICENSED
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ATTACH ADDITIONAL FORMS FOR MORE TRACKS AS NEEDED

I affirm that all information provided herein is true and that all disc contents indicated as being **licensed** are properly licensed for replication under the terms of the original rights holder with proof of such licensing and/or trademark authorization attached. I affirm that I am the intellectual property rights owner for all contents indicated as being **owned** and approve of replication.

I, _____ (name) on _____ (date), have read and agree to the terms above. By checking this box, I am certifying that I am authorized to sign this agreement. I affirm that my agreement here constitutes an electronic signature and that this signature meets any and all requirements for an original signature and is legally binding in all respects.