



808 S. Curson Ave. #3
 Los Angeles, CA 90066
 310 398-8949
<http://www.cyclotronrecords.com/mastering>

Audio Mastering Order Form

Artist Name: _____
 Project Name: _____

Track Names:

01 _____	09 _____
02 _____	10 _____
03 _____	11 _____
04 _____	12 _____
05 _____	13 _____
06 _____	14 _____
07 _____	15 _____
08 _____	16 _____

Special Editing:

Track #: _____ Notes: _____
 Track #: _____ Notes: _____
 Track #: _____ Notes: _____
 Track #: _____ Notes: _____
 Track #: _____ Notes: _____
 Track #: _____ Notes: _____

Additional Comments:

Charges:

Mastering Total Minutes _____ X \$6 = _____
 Editing Total Minutes _____ X \$6 = _____
 _____ **Total Charges**

Payment Method:

Included Money Order
 Visa or MasterCard - Card #: _____ Exp. Date: _____

Shipping Information:

Name: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____

Billing Information:

Same as shipping (do not fill out below)
 Name: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____

Signature: X _____ **Date:** _____

Note: By signing this form, you authorize Cyclotron Records to charge your card (if paying by credit card) the amount listed above, and to begin work on your project. Any changes to the order from this point forward could incur additional costs and/or a partial or full charge if the order is canceled. You also agree that the above "Total Charge" is simply an estimate and that the actual charge may be more or less depending on the assessment of a Cyclotron Records representative.