

Please Print or Type:

Name of Person Submitting Information: _____

Date: _____

Company/Organization: _____

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Format: Reg. Cassette

MicroCassette

Title of Cassette(s):

Number of original cassettes provided: _____

Number of copies from each original: _____

Copyright Compliance

1. Rio Records Service, Inc. intends to adhere to the copyright provisions of Title 17, United States Code.
2. In no case shall any customer of Rio Records Service, Inc. hire or use equipment for the duplication or playback of any audio material in violation of Title 17. In no case shall copyrighted audio material be duplicated, converted, or played back without first having authorization.
3. Anyone requesting the copyright or conversion of copyrighted material will first secure written permission from the copyright owner.

I affirm that I have read and understand the above Copyright Compliance policy and have permission to duplicate the cassettes listed on this form. I also affirm that Rio Records Service, Inc., will be held harmless for any liability that could result from the violation of any copyright laws.

Client Signature: _____ Date: _____

Payment Information

Payment should be made to **Rio Records Service, Inc.** by cash, check, money order, or credit card.
Cost for conversion, duplication and associated options is due when submitting request for service.

Payment Type: Cash Check (#: _____) CC Amount: \$ _____

For Internal Use Only:

Date Received: _____ Date Out: _____

Reviewed By: _____ P/U or Delivery: _____

Approved By: _____ Released To: _____