

Please Print or Type:

Name of Person Submitting Information: \_\_\_\_\_

Date: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Format:  VHS

Title of VHS Tape(s):

Number of original VHS 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 video material in violation of Title 17. In no case shall copyrighted video 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 VHS Cassette(s) 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: \_\_\_\_\_