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DVD SOURCE MASTER FORM

ALL FIELDS MUST BE COMPLETE BEFORE TITLE IS PROCESSED!

CUSTOMER _____ CONTACT _____

PHONE _____ FAX _____

AUTHORING CO. _____ CONTACT _____

PHONE _____ FAX _____

TITLE _____

CATALOG NUMBER _____

DISC FORMAT DVD-5 DVD-9 DVD-10 DVD-14 DVD-18

MPAA RATING G PG PG-13 R NC-17 Not Rated

DISC #: _____ DISC SIDE: _____ LAYER #: _____

TOTAL RUN TIME _____ : _____ : _____ *Necessary to avoid delays in processing source!*
HH MM SS

SINGLE LAYER Yes No

DUAL LAYER PTP OTP Layer Break @ _____ : _____ : _____
HH MM SS

DVD FORMAT VIDEO ROM AUDIO
NTSC PAL FULL FRAME (4X3) LETTER BOX (16X9)

REGION (S) 1 2 3 4 5 6 7 8 ALL

TERRITORY (S) _____

COPY PROTECTION:

SSCRST VIDEO SCRAMBLING STATUS Yes No Type _____

CPPM AUDIO ENCRYPTION Yes No

ANALOG MACROVISION Yes No Type _____

COMMENTS: _____

I affirm that all information provided herein is true and that the disc contents indicated are to the best of my knowledge accurate.

Name of Representative Soliciting Order _____