

## MEDIA APPROVAL

To: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_

(Fax) ☎: \_\_\_\_\_

(Phone) ☎: \_\_\_\_\_

Title: \_\_\_\_\_

Job #: \_\_\_\_\_

I \_\_\_\_\_ have reviewed and approved:

Test Audio Cassette

Test Video Cassette

PMCD

Test Replicated CD/DVD

Test DVD-R

Test Press (Vinyl)

Please proceed with the duplication of my project.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please fax back to:  
ATTN: Customer Service  
Imperial Tape Company, Inc.  
Fax: 310.396.8894

1928 14th Street,  
Santa Monica, CA  
9 0 4 0 4

Tel: 310.396.2008  
8 0 0 . 7 3 6 . 8 2 7 3  
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