# AUDIOVISUAL DUPLICATION ORDER FORM

**Bill To** *(If U of M see shaded area on reverse side)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State Zip</td>
<td>State Zip</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
</tr>
<tr>
<td>Email</td>
<td>Fax</td>
</tr>
</tbody>
</table>

Mail order to above address [ ]

Call [ ] Email [ ] me when order is ready; I will pick up at BHL

**Special Mailing:** Fed Ex, Acct. No [ ] UPS, Acct. No [ ]

Airborne Express, Acct. No [ ] other [ ]

**Type and Number of Duplicate(s) to Produce:**

- **Audiotape:**
  - cassette [ ]
  - reel to reel tape [ ]
  - CD [ ]

- **Videotape:**
  - VHS [ ]
  - U-matic [ ]
  - Beta [ ]
  - DVD [ ]

**Please read and sign the copyright statement on reverse side of this form**

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**Description of Original Material:**

*For Staff Use Only*

Name of collection: ________________________________

Call #: ______ Box #: ______ Reel #: ________

Title or description of item(s) to duplicate: ________________________________

Medium of original material and quantity:

- **Audiotape:**
  - cassette ______
  - reel to reel tape ______
  - CD ______

- **Videotape:**
  - VHS ______
  - U-matic ______
  - Beta ______
  - DVD ______

- **Film:** ________________________________

**Billing and delivery information:**

Order prepared by: ________________________________

Name of duplicating office: ________________________________

Duplication fee: ______ Postage: ______

Preparation fee: ______ TOTAL DUE: ______

Date Invoice Sent: ______ Date Payment Rec’d: ______ Check No.: ______ Amt. Billed: ______

Original and order Checked in by: ______ Date: ______ Date Patron Sent/Picked Up Order: ______
AUDIOVISUAL DUPLICATION AGREEMENT

Warning Concerning Copyright Restrictions

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Signature ___________________________ Date ______________

An original signature is required. Faxed copies are not acceptable.

Billing Information required for all University of Michigan Orders.
Your order cannot be completed unless all chartfield information is filled in.

*Required for U of M Orders*
All chartfield information must be filled in by you so that we may complete and bill your order

Fund: _____________________________ Class: _____________________________
Dept. ID: _____________________________ Project Grant (if applicable): _____________________________
Program: _____________________________ Shortcode: _____________________________

This information is obtainable from the person in your department responsible for accounts/billings.

*Note: Charge must exceed $5.00 in order to be billed to a University account.*