

NOTE: PLEASE USE THIS FORM IN ADOBE ACROBAT OR READER. IF YOU USE ANY OTHER APPLICATION, ESPECIALLY PREVIEW ON A MAC, **EXPORT** A PDF OR JPEG RATHER THAN SIMPLY SAVING THE FORM.



NATIONAL AUDIO COMPANY VINYL RECORD PRESSING QUOTE REQUEST



P.O. Box 7100 • Springfield, MO 65801 • 417-863-1925
nationalaudiocompany.com

Thank you for your interest in a quotation for vinyl record pressing
Please answer the following questions so that we can be sure we are quoting exactly what you want.

1. How many copies do you need? (50 minimum) _____
2. Do you want a test pressing prior to production? YES NO How many up to 10 _____
3. What is the approximate length of your program in minutes? Side A = ____:____ Side B = ____:____
Maximum 21 minutes 59 seconds per side.
4. Is longer play time necessary for your program? (Up to 25:00 min./ side, add'l cost) YES NO
5. Vinyl weight: 140g (standard) 180g (extra heavy)
6. Vinyl color: Black White Clear Basic Color Special Request Color
7. Do you want labels applied to your records? YES NO
8. Do you want us to provide jackets for you records? YES NO
9. Do you want us to provide dust sleeves for your records? YES NO Choose type _____
10. Do you want us to provide inserts to go into the jacket? YES NO Choose type _____
11. Do you want your records shrink-wrapped? YES NO
12. Do you want Download Cards? YES NO Choose type _____
13. If you would like a freight estimate, please provide city, state, country and zip/postal code,
of your shipping address. City _____ State _____
Country _____ Postal Code _____
14. If there are any other details you want us to consider in making this quotation, please list them below.

Please provide the following contact information:

Company Name: _____
Your Name: _____
Email: _____
Telephone #: _____ Best time of day to call: _____

We will return your quotation within one business day after receiving the information above.

Thank you,

Steve Stepp
President

Submit Form to National Audio



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quotes@nactape.com