



Falmouth Community Television

Duplication Request Form

NAME: _____ DATE: _____
 ADDRESS: _____ PHONE: _____

I WISH TO: _____ PURCHASE BLANK TAPE
 _____ PURCHASE COPIES OF THE PROGRAM BELOW

HOW MANY IN WHICH FORMAT? VHS _____ S-VHS _____ DVD _____

I WILL PROVIDE MY OWN TAPE(S) _____ I WILL PURCHASE TAPE(S) _____

PROGRAM: _____

SUMMARY OF CHARGES

	<u>QTY</u>	<u>FCTV MEMBER</u>	<u>NON-MEMBER</u>	<u>TOTAL COST</u>
BLANK TAPE COST (if not provided by you – only high quality tapes will be accepted)				
VHS VIDEOTAPE	T-120 _____	\$ 4.00 Ea	\$ 6.00 Ea	\$ _____
	T-160 _____	\$ 5.00 Ea	\$ 7.00 Ea	\$ _____
	T-180 _____	\$ 6.00 Ea	\$ 8.00 Ea	\$ _____
	T-160 _____	\$ 8.00 Ea	\$10.00 Ea	\$ _____
	T-180 _____	\$ 9.00 Ea	\$11.00 Ea	\$ _____
DVD	_____	\$ 3.00 Ea	\$ 5.00 Ea	\$ _____

TOTAL BLANK TAPE COST \$ _____

DUPLICATION EQUIP. COST (per hour or part thereof)
 \$10.00/Hour _____ **DUPLICATION EQUIP. COST** \$ _____

LABOR COST (if not done by the Producer)
 \$ 5.00/Hour _____ **TOTAL LABOR COST** \$ _____

SHIPPING & HANDLING
 \$ 4.00 per tape _____ **TOTAL S & H COST** \$ _____

PROGRAM LENGTH: _____ **TOTAL COST** \$ _____

ALL DUPLICATION REQUESTS MUST BE PRE-PAID. MAKE CHECKS PAYABLE TO FCTV. WE WILL CALL YOU WHEN YOUR TAPE IS READY FOR PICK-UP.

FCTV does not make partial copies of programs

(FOR STAFF USE ONLY)

DATE REQUESTED: _____ ASSIGNED TO (Staff only): _____
 AMOUNT PAID: _____ NUMBER OF TAPES USED: _____ TYPE: _____
 COMPLETED BY: _____ DATE COMPLETED: _____
 CUSTOMER CONTACTED ON : _____ DATE DUB RECEIVED: _____
 PMT DATE _____