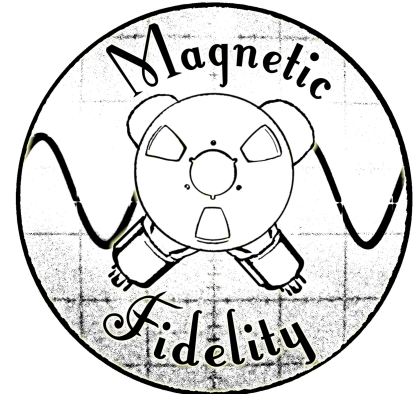


# Direct-to-Master Recording Request Form

Name	
Company	
Telephone	
Email	
Shipping Address	
Billing Address	
Payment Method	
Album Title	
Artist	
Label	



**ANALOG MASTERING**

<http://www.magneticfidelity.com>

[info@magneticfidelity.com](mailto:info@magneticfidelity.com)

Telephone: +30 23410 41158

Expected Duration of Material	
Duration of Recording Session	
Preferred Dates	
Style of Music	
Accommodation/Subsistence	

Personnel (Please mention all musicians and what instruments they are expected to perform with)	
--	--