## $Mastering \ Request \ Form$

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



## Analog Mastering

http://www.magneticfidelity.com info@magneticfidelity.com Telephone: +30 23410 41158

Services Required	
Target Media	

Side	Track	Title	Artist	Time	ISRC