◙ ***Please*** *fill in the whole form*
◙ ***Don`t forget*** *to include 2 sec audio blanks between the tracks in your Master*

Catalog number: _____
Album title: _____
Performer: _____
Your name: _____
Your e-mail: _____
Your phone: _____

Specifications for double albums: Vinyl A/B (Nr.1) ☐ Vinyl C/D (Nr.2) ☐

Playing time **Side A** _____ *(hh:mm:ss)*
Playing time **Side B** _____ *(hh:mm:ss)*
(incl. breaks between the titles)

Diameter: **12"**
Speed: **33 or 45**

No.	Song title	Composer *(Real Name)*	Writer/Lyrics *(Real Name)*	Playing time *(hh:mm:ss)*	Side
1					A / C
2					A / C
3					A / C
4					A / C
5					A / C
6					A / C
7					A / C
8					A / C
9					A / C
10					A / C

1					B / D
2					B / D
3					B / D
4					B / D
5					B / D
6					B / D
7					B / D
8					B / D
9					B / D
10					B / D

I have checked all my information and confirm that they are correct.
I hereby declare that I am authorized to reproduce the above titles

City / Date _____

Signature _____

Please send the completed and signed form as a PDF to
info@mekvinyl.ch