

Ovation Data Services, Inc.

Service Request Form

Instructions

REQUEST FORM:

By filling out the Ovation's Service Request Form (See Web Site), this will enable to help us provide more efficient and faster service. Please take the time to fill out as much information as possible.

Jobs sent WITHOUT a Service Request Form or Transmittal will NOT be processed and will be delayed until one is received.

RUSH / COD:

If this is to a RUSH request, please check the Rush box and Circle the appropriate % Added Service Fees. Please review Ovation's Basic Terms and Conditions regarding appropriate fees.

All orders will be COD unless prior agreement has been made regarding payment. Please check the COD box.

ADDRESS COLUMNS:

Please fill in the address in the first column of who to make the invoice out to. This should include: Contact Name, Company Name, Street Address, City, State, Zip Code, and Telephone Number.

If you require that the Original Input Media be sent to a different local than the "Invoice To", Please fill out the middle column with the proper information.

If you require that the Output Media be sent to a different local than the "Invoice To", Please fill out the last column with the proper information.

INPUT MEDIA COLUMN (Left):

Under the First Column, Please check the appropriate center boxes for the type of media to be sent. Then place the number of media to be sent next to each checked box. In the right side boxes, please check the type of output media to use and then circle any required density/format selections on the media types to the left.

PRICE QUOTE COLUMN (Middle):

Under the Middle Column, Please Make any notes for prices quoted for any services or media. Toward the bottom of this column, Please check (If Known) the type of Operating System the Input and Output Media will be used on.

FORMAT COLUMN (Right):

Under the Right Column, Please check any boxes for the Input or Output Data Format (If Known).

Ovation Data Services, Inc., 14199 Westfair East Drive, Houston, Texas 77041-1105 USA
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(continued)

PAYMENT ACCEPTED:

In this section please fill in the appropriate information. For added security, you may submit this information separately by faxing this form and the information filled out over to our Director of Accounting at (713) 464-1615.

ADDITIONAL COMMENTS:

Please place any comments or instructions in this section.

INSTRUCTIONS:

Please check the appropriate shipping instructions for when the Request Job is finished. If "Ship for Client" is checked, please select who's delivery service and any preferred method (i.e. Next Day, Hotshot-2 Hour) and a preferred service company. If you desire to use your own shipping services, please include name of shipper, account number, phone number, and type of service.

CLIENT SIGNATURE:

Finally, Please sign and date the Service Request Form, and place this form with the media for shipment.

