Please Print Clearly Customer: Artist/Band/Company: Street: City, State, Zip: Day Phone: Night Phone: FAX: Cell:	MASTERING QUESTIONNAIRE Please Complete In Full Provided Materials: [] Audio CD [] Data Files (wav, aiff, etc.) on CD-R, DVD-R, flash drive, or via upload [] Other Compressed file formats such as MP3 are not recommended for audio mastering. It is recommended that processes such as compression, limiting, maximizing, etc. not be applied on the stereo buss during mixdown. A
Email:	master that arrives already compressed and or limited greatly reduces the ability of the engineer to deliver the best sounding master possible.
SEQUENCE OF SONGS	N YOUR REQUESTED ADJUSTMENTS IN APPROPRIATE SPACE:
FADES	
SONG SPACING	

POPS, CLICKS, NOISES

EQ/TONE/BALANCE-Note: We cannot remix your already mixed master

OTHER IMPORTANT

CONCERNS

LEVELS

Send With Track Sheet



Creative Sound Corp

5515 Medea Valley Dr., Agoura Hills, CA 91301-3323

$TRACK\ SHEET\ -\ \textit{Send With Mastering Question naire}$

ARTIST		
ALBUM TITLE		

Track #	Song Title	Minutes	Seconds
01			
02			
03			
04			
16			
17			
18			
19			
20			