FULLERSOUND FINAL TRACK LISTING

CLIENT / COMPANY: _____

NAME: _____

BILLING ADDRESS: _____

_____

_____

PHONE: 1 _____ **/2**_____

EMAIL: _____

ARTIST: _____

ALBUM TITLE: _____

CATALOG #: _____

UPC #: _____

PRODUCER: _____

PRODUCER: _____

MIX ENGINEER: _____

PLEASE ENTER ALL INFORMATION EXACTLY AS YOU WANT IT TO APPEAR AS CD TEXT	
YOU MUST HAVE AN ALBUM TITLE IN ORDER TO USE CD TEXT	
Please fill out legibly, or, preferably, type	

TRACK	TRACK TITLE	ISRC CODE (optional)

SPECIAL INSTRUCTIONS:

DATE: _____ **SUBMITTED BY:** _____ **SIGNATURE:** _____