

**Describe what you will be delivering to us:**

**Delivery Format:**

Tape Based \_\_\_\_\_ File Based \_\_\_\_\_

Tape: Tape Format (e.g. HDCAM SR 1080p) \_\_\_\_\_ Frame Rate \_\_\_\_\_

File: Specify the file format (e.g. Tiff, DPX, QuickTime) \_\_\_\_\_

If Quick Time please specify the format (e.g. ProRes 444HQ) \_\_\_\_\_

Format of hard drive (e.g. MAC USB 2.0) \_\_\_\_\_

Frame Rate \_\_\_\_\_ Aspect Ratio \_\_\_\_\_ Image Size (e.g. 1920x1080) \_\_\_\_\_

TRT \_\_\_\_\_ Color-Space (e.g. REC 702) \_\_\_\_\_ Full or Head \_\_\_\_\_

Hard Matte \_\_\_\_\_ Sub-titles \_\_\_\_\_ 3D \_\_\_\_\_

**Audio Specs:**

Audio Format (e.g. WAV, AIFF) \_\_\_\_\_ Stereo or Mono \_\_\_\_\_

Channel Configuration:

Ch1: \_\_\_\_\_ Ch2: \_\_\_\_\_ Ch3: \_\_\_\_\_ Ch4: \_\_\_\_\_

Ch5: \_\_\_\_\_ Ch6: \_\_\_\_\_ Ch7: \_\_\_\_\_ Ch8: \_\_\_\_\_

**Tell us how you would like your DCP formatted:**

Image Size (e.g. 1998x1080) \_\_\_\_\_

Aspect Ratio (e.g. 1.85, 2.39) \_\_\_\_\_ Letterbox \_\_\_\_\_

MPA Rating \_\_\_\_\_ Do you require a DCDM (additional cost) \_\_\_\_\_

Do you require KDM's \_\_\_\_\_ if so how many \_\_\_\_\_ Expiration Date \_\_\_\_\_

The following information is required for the Digital Cinema Initiative (DCI) naming convention standard.

Film Title: \_\_\_\_\_

Content Type:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Feature    | <input type="checkbox"/> Short                       |
| <input type="checkbox"/> Trailer    | <input type="checkbox"/> Advertisement               |
| <input type="checkbox"/> Teaser     | <input type="checkbox"/> Transitional                |
| <input type="checkbox"/> Test       | <input type="checkbox"/> Public Service Announcement |
| <input type="checkbox"/> Rating Tag | <input type="checkbox"/> Policy Trailer              |

Projector Aspect Ratio:

- Flat (1.85:1)
- Scope (2.39:1)
- Full Container (1.90:1)

Language of your film: \_\_\_\_\_

Territory and Rating: \_\_\_\_\_

Audio Type & Narrative Description Track Language:

- 5.1
- 6.1
- 7.1
- 2.0

Resolution:

- 2K
- 4K
- 48 (2K @ 48fps)

Studio affiliated with your film (*if applicable*): \_\_\_\_\_

Date: \_\_\_\_\_  
year/ month / day

Name of your Post Production Facility: \_\_\_\_\_

3D Specs (*if applicable*):

- 3D Interop Ghostbusted (i3D-gb)
- 3D Interop Non-Ghostbusted (i3D-ngb)
- 3D Interop (i3D)

Package Type:

- Original Version (OV)
- Version File (VF)



## Customer Information

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

The undersigned agrees that all information is correct and accurate and grants permission to indie DCP to create digital elements for the purpose of theatrical and electronic distribution.

FOR VALUE RECEIVED, receipt of which is hereby acknowledged, and for other good and valuable consideration, the undersigned hereby agrees forever to indemnify and hold harmless from and against any and all claims, suits, damage or damages and/or loss or losses and/or action or actions of any kind as the result of and arising out of the use and/or display of customer supplied audio files, video files, data files, videotapes and/or hard-drives or the products and services provided by indie DCP.

Date \_\_\_\_\_ By \_\_\_\_\_  
*(print name)*

Agreed By \_\_\_\_\_  
*(sign name)*