



6501 W. Donges Bay Rd \* Mequon, WI 53092  
262-512-0100 \* 262-512-0184 fax

Client: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Job #: \_\_\_\_\_ Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

## FILE APPROVAL/WAIVER FORM

Files have been provided to you via ftp or email for your approval. Please take time to review them carefully. If the files meet your requirements, please sign this approval form and fax it to Great Lakes Media Technology at 262-512-0184. If they not meet your requirements, please call your Customer Service Representative at 262-512-0100. Production will NOT proceed without written customer approval.

Signing this document states that you have either reviewed the files and are satisfied with the project to be manufactured, or are willing to give us permission to proceed without master file approval by signing the waiver portion below. We strongly advise that you review all files. **Great Lakes Media Technology is not responsible for any discrepancies in the content of the disc once this File Approval or Waiver is signed.**

Thank you!

### File Approval:

I have reviewed the files created by GLMT, Inc. All files, directories and content have met my approval. I give permission to GLMT, Inc. to proceed with my order.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Waiver:

By signing this document I give permission to Great Lakes Media Technology to proceed with manufacturing without having reviewed the files. By signing this, I understand that Great Lakes Media Technology is not responsible for any discrepancies in the content of the completed disc.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Great Lakes Media Technology Inc.	Page # 1	Title: GLMT Document
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