

## Order Form

Date _____	Due Date/Time _____
Firm Name _____	File No. _____
Delivery Address _____ _____	Billing Address _____ _____
Phone _____	Billing Description _____
Contact _____	_____
Contact Email _____	_____
After Hours Contact Phone # _____	_____

<b>Authorized Signature</b>
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Reproduction Instructions	# of Hard Copies _____	# of CD's _____
<input type="checkbox"/> Staple like original	<input type="checkbox"/> Hole punch _____	<input type="checkbox"/> Reduction/Enlargement _____
<input type="checkbox"/> Clip like original	<input type="checkbox"/> Tabs/File in blue paper	<input type="checkbox"/> Make CD of docs – image only
<input type="checkbox"/> 2 sided → 1 sided	<input type="checkbox"/> Fasteners _____	<input type="checkbox"/> Make CD of docs - searchable
<input type="checkbox"/> Copy "Received By" stamp on back	<input type="checkbox"/> Copy Post it Notes	<input type="checkbox"/> CD/Tape Duplication _____
<input type="checkbox"/> Highlights – Color Ink in Color	<input type="checkbox"/> Binding _____	<input type="checkbox"/> Bates Stamp-Copy _____
<input type="checkbox"/> Color photos in Color	<input type="checkbox"/> Binders _____	<input type="checkbox"/> Bates Stamp-Original _____

<b>Special Instructions</b>
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**PLEASE PRINT THIS FORM OUT AND FAX IT TO US AT (650) 570-5594**