



Order Confirmation Form

Job Number	
Job Date	
Reporter Name	

Deponent Name	
Case Name	
Deponent Email	

Please check off your selection and sign your name to place an order

Your checkmark acts as an agreement for the purchase of the items requested

All Deliveries Ordered Faster Than Regular 10 Business Day Delivery Will Result in Additional Per Page Charges

Attorney Signature			
Attorney Name (printed)			
Email		Phone	
Firm Name			
Address			

<input type="checkbox"/> Original & <input type="checkbox"/> Copy (# of Copies _____)	<input type="checkbox"/> Copy of Exhibits	<input type="checkbox"/> Rough ASCII
<input type="checkbox"/> Print as Condensed <input type="checkbox"/> Electronic Only (PDF) <i>Additional file formats:</i> <input type="checkbox"/> PTX (E-Tran) <input type="checkbox"/> SBF (Summation) <input type="checkbox"/> LEF (LiveNote) <input type="checkbox"/> XMEF (TextMap)	<input type="checkbox"/> Exhibits Printed <input type="checkbox"/> Email Link to Download <input type="checkbox"/> Color Copies	<p><i>Ordering a rough draft of a transcript constitutes ordering the final transcript</i></p>

Regular Delivery: <input type="checkbox"/>	Expedited Delivery: <input type="checkbox"/>	Expedited Delivery Date:	
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Additional Delivery Notes

Technology	
<input type="checkbox"/> Realtime	# of Realtime Connections _____
<input type="checkbox"/> Conferencing	# of Conferencing Connections _____
<input type="checkbox"/> Equipment Rental	_____

Billing Notes			
Bill My Carrier	<input type="checkbox"/>	Claim/Policy #	
Carrier Name			
Adjuster Name		Phone	