

AMERICAN LEGAL

COPYING & DOCUMENT SERVICES, INC.
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JOB#

F-

Today's date: _____

Date needed: _____

Time Needed: _____

Rush

A.S.A.P.

Rush projects: We will at all times try to meet your specific needs and to meet all deadlines. When calling in your project, please be specific on when you need the project back.

Company Information:

Requested by: _____

BILLING INFORMATION

Client Name: _____

Client #: _____

Matter #: _____

Attorney Name: _____

NOTE: In order for us to bill your firm properly, please fill out this section in its entirety. Failure to fill this out will delay the copy process.

	<u>PAPER STOCK</u>	<u>FINISHING</u>	<u>BINDING</u>	<u>3-ring Binders</u>
No. of Originals: _____ Folders ___ Redwelds ___ Boxes ___	8.5 x 11 _____	COLLATE _____	GBC BIND _____	Black _____
No. of Copies: _____	8.5 x 14 _____	UNCOLLATE _____	TAPE BIND _____	
Special	11 x 17 _____	STAPLE _____	VELO BIND _____	DOCUMENT NUMBERING
Color Copies _____	3-Hole _____	CLIP _____	COIL BIND _____	Starting Prefix: _____
Photo's per sheet 1 ___ 2 _____	Velo _____	AS ORIGINAL _____	WIRE BIND _____	
Trial Exhibits	2-Hole _____	TABS	ACCO BIND _____	Starting Number: _____
Color _____ B/W _____	Oversize	Insert Tabs _____	Other _____	Label Original
Laminated _____	Black/White _____	Copy Tabs _____	COVER STOCK	Documents: YES NO
Standard _____	Color _____	Copy tabs on slip sheets _____	<i>Please circle color for briefs:</i>	Label Copies: YES NO (Pagination)
Glossy _____	Scanning	Copy	Clear Red Ivory	Suffix: _____ (Pagination Only)
Size	Scan to CD _____	Post-it notes Yes No	Grey Yellow White	
24x36 _____	# of CD Requested: _____	Folders Yes No	Green Golden-Rod Blue	
30x40 _____	TIFF _____ JPEG _____ PDF _____	Envelopes Yes No	SLIP SHEETS	
36x48 _____		Redwelds Yes No	<i>Please circle color:</i>	
Other Size _____			Red Ivory Grey	
			Yellow Blue Green	
			Pink	

Special Instructions:

Third Party Billing info: This section must be filled out in its entirety, if you plan on passing the invoice for this project to another party.

COMPANY NAME: _____ PHONE # _____

ADDRESS: _____ FAX # _____

ATTENTION: _____

Check here if you would like the copies _____ or originals _____ delivered to third party.

NOTE: This project will not be put in production until it is authorized by the third party who will be responsible for full payment. We do not recognize billing agreement between other parties. If you intend on sending the invoice to another entity. Your firm will still be the responsible for the payment.