

AMERICAN LEGAL

COPYING & DOCUMENT SERVICES, INC.
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JOB# _____

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:

BILLING INFORMATION

Client Name: _____

Client #: _____

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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.

Requested by: _____

No. of Originals: _____ Folders ___ Redwelds ___ Boxes _____ No. of Copies: _____ Special Color Copies _____ Photo's per sheet 1 ___ 2 ___ Trial Exhibits Color _____ B/W _____ Laminated _____ Standard _____ Glossy _____ Size 24x36 _____ 30x40 _____ 36x48 _____ Other Size _____	<u>PAPER STOCK</u> 8.5 x 11 _____ 8.5 x 14 _____ 11 x 17 _____ 3-Hole _____ Velo _____ 2-Hole _____ <u>Oversize</u> Black/White _____ Color _____ <u>Scanning</u> Scan to CD _____ # of CD Requested: _____ TIFF _____ JPEG _____ PDF _____	<u>FINISHING</u> COLLATE _____ UNCOLLATE _____ STAPLE _____ CLIP _____ AS ORIGINAL _____ <u>TABS</u> Insert Tabs _____ Copy Tabs _____ Copy tabs on slip sheets _____ <u>Copy</u> Post-it notes Yes No Folders Yes No Envelopes Yes No Redwelds Yes No	<u>BINDING</u> GBC BIND _____ TAPE BIND _____ VELO BIND _____ COIL BIND _____ WIRE BIND _____ ACCO BIND _____ Other _____ Bind Originals _____ <u>COVER STOCK</u> <small>Please circle color for briefs:</small> Clear Red Ivory Grey Yellow White Green Golden-Rod Blue <u>SLIP SHEETS</u> <small>Please circle color:</small> Red Ivory Grey Yellow Blue Green Pink	<u>3-ring Binders</u> Black ___ White ___ <u>DOCUMENT NUMBERING</u> Starting Prefix: _____ Starting Number: _____ Label Original Documents: YES NO Label Copies: YES NO (Pagination) Suffix: _____ (Pagination Only)
	In order to complete your project to your specification, please fill out this form in its entirety. If you need assistance or clarification on how to fill out this form, please call 973-364-1900			

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 # _____

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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.