

ACCURATE REPORTING AND TRANSCRIPTION SERVICES

ORDER TRANSCRIPT SERVICES

Attorney: _____

Firm Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Fax: _____

Job Location: _____

Address: _____

City, State, Zip Code: _____

Our Format: Audio Tape (standard) _____ Audio Tape (mini) _____ CD _____

WAV File _____ WMA File _____ DVD _____ DCR _____ DSS _____

We work with the following programs: CourtSmart _____ The Record Player _____

Start/Stop _____ FTR Gold _____

Special Instructions: _____

Payment Type: Visa _____

American Express: _____

Master Card: _____

Pay Pal: _____

Name on Credit Card: _____

Address for Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Cert. #: _____

Signature: _____

Case Type: Depo ___ Hearing ___ Trial ___ Meeting ___

Case Style: _____

Case Number: _____

Job Date: _____

Time: _____

Witness Name: _____

Witness 2 Name: _____

Witness 3 Name: _____

Witness 4 Name: _____

Special Instructions: _____

Service Requesting: Daily/Same Day ___ Overnight ___ 2 Day Exp ___

3 Day Exp ___ 4 Day Exp ___ 5 Day Exp ___ Reg 7-10 business Days ___

Copy Order: _____