CONCORD IMAGING

(213) 680-1114
(310) 277-9599
E-MAIL: INFO@COPYING.LA
FTP@COPYING.LA

WORK ORDER #

RECEIVED ____ / ____ / ____ TIME: _____ ☐ AM ☐ PM

DUE DATE: _____ / _____ / _____ TIME: _____ ☐ AM ☐ PM

FIRM / CO. NAME:

REQUESTED BY:

ADDRESS:

CITY, STATE ZIP:

PHONE # ALT #:

PAYMENT:
☐ CLIENT-BILLING #:

JOB DESCRIPTION

DELIVER: ☐ ALL TO REQUESTOR ☐ ORIGINALS TO: ☐ COPIES TO:

SCANNING

FILE TYPE
- ☐ SINGLE PAGE
- ☐ MULTI-PAGE
- ☐ T.I.F.F.
- ☐ PDF
- ☐ JPEG

_____

COLOR? ☐ Yes ☐ No
- ☐ AS ORIGINAL
- ☐ 8.5 x 11" (LETTER SIZE)
- ☐ OVERSIZE (REDUCE TO 8.5x11)
- ☐ SCAN ONLY TAGGED ORIGINALS
- ☐ SCAN ONLY CLIPPED ORIGINALS

SCAN?	Y	N
COVERS	☐	☐
SPINES	☐	☐
FOLDER COVERS	☐	☐
DIVIDER TABS	☐	☐
SLIPSHEETS	☐	☐
POST ITS	☐	☐
STANDARD LANG.	☐	☐

BATES / FILE NAMES
- ☐ FILE ID: _____
- ☐ BATES: _____
- ☐ ADDL LABEL: _____

☐ **O.C.R.**

FINISHING

ORIGINALS
AS ORIGINAL
- ☐ STAPLE ☐ CLIP
- ☐ RUBBERBAND
- ☐ VELOBIND ☐ COMB
- ☐ ACCO ☐ TAPE BIND
- ☐ LOOSE
- ☐ INSERT TABS
- ☐ 2 HOLE ☐ 3 HOLE

EXPORTS
- ☐ CONCORDANCE
- ☐ DOCULEX
- ☐ INTROSPECT
- ☐ IPRO
- ☐ OCR
- ☐ PDF
- ☐ SANCTION
- ☐ STORM
- ☐ SUMMATION

MEDIA
- ☐ C.D.
- ☐ DVD
- ☐ FLOPPY
- ☐ E-MAIL
- ☐ F.T.P.
- ☐

_____

CODING
- ☐ FOLDER
- ☐ TO
- ☐ FROM
- ☐ DATE
- ☐ RE:
- ☐ TYPE
- ☐ CC:

PRINTING
- ☐ LOOSE
- ☐ STAPLE
- ☐ SLIPSHEET
- ☐ SLIP W/ INFO
- ☐ 3 HOLE
- ☐ INSERT TABS

_____

BLOWBACKS

SPECIAL INSTRUCTIONS:

INVOICE TO FOLLOW. TERMS: NET 30 DAYS FROM DELIVERY. FINANCE CHARGE AT 1.5% PER MONTH AFTER 30 DAYS. ALL CUSTOMERS ARE RESPONSIBLE TO PAY WITHIN CONCORD TERMS REGARDLESS OF ANY THIRD PARTY BILLING. CUSTOMER ACCEPTS FULL RESPONSIBILITY FOR ANY AND ALL ATTORNEY'S FEES AND/OR OTHER COSTS ASSOCIATED WITH COLLECTION OF PAYMENT. **FED TAX ID # 95-4749866**

P/U BY	ACCT REP	DELIVERED BY	ITEMS RECEIVED	DATE / TIME

RECEIVED IN GOOD CONDITION:

PRINT NAME: *SIGNATURE:*

X