

CONCORD IMAGING

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WORK ORDER #

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RECEIVED _____ / _____ / _____ TIME: _____ AM PM	DUE DATE: _____ / _____ / _____ TIME: _____ AM PM
FIRM / Co. NAME:	PAYMENT: CLIENT-BILLING #: JOB DESCRIPTION
REQUESTED BY:	
ADDRESS:	
CITY, STATE ZIP:	
PHONE # _____ ALT #: _____	
DELIVER: ALL TO REQUESTOR ORIGINALS TO: _____ COPIES TO: _____	

SCANNING

FILE TYPE	COLOR?	Yes	No	SCAN?	Y	N	BATES / FILE NAMES
SINGLE PAGE	AS ORIGINAL			COVERS			FILE ID: _____
MULTI-PAGE	8.5 X 11" (LETTER SIZE)			SPINES			BATES: _____
T.I.F.F.	OVERSIZE (REDUCE TO 8.5X11)			FOLDER COVERS			ADDL LABEL: _____
PDF	SCAN ONLY TAGGED ORIGINALS			DIVIDER TABS			
JPEG	SCAN ONLY CLIPPED ORIGINALS			SLIPSHEETS			
_____				POST ITS			
				STANDARD LANG.			

O.C.R.

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FINISHING

ORIGINALS	EXPORTS	MEDIA	CODING	PRINTING	BLOWBACKS	
AS ORIGINAL	CONCORDANCE	C.D.	FOLDER	LOOSE	<table border="1"> <tr> <td style="width: 100px; height: 50px;"></td> </tr> </table>	
STAPLE CLIP	DOCULEX	DVD	TO	STAPLE		
RUBBERBAND	INTROSPECT	FLOPPY	FROM	SLIPSHEET		
VELOBIND	I PRO	E-MAIL	DATE	SLIP W/ INFO		
ACCO	OCR	F.T.P.	RE:	3 HOLE		
COMB	PDF	_____	TYPE	INSERT TABS		
TAPE BIND	SANCTION		CC:	_____		
LOOSE	STORM					
INSERT TABS	SUMMATION					
2 HOLE 3 HOLE						

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