

Transcript Order Form

- Print out this form
- Complete the form
- An authorizing signature is required
- Fax the form to:
215-627-6788



ACE REPORTERS, INC. SERVICE/SALES ORDER FORM

ORDERED BY: _____ REPRESENTING: _____

CASE NAME: _____ DATE: _____ TIME: _____

WITNESS(ES): _____

TYPE OF PROCEEDING: ___ Deposition ___ Statement Under Oath ___ Arbitration ___ Hearing ___ Other

DEPOSITION LOCATION: _____

TRANSCRIPTS

___ Original ___ Copy

TERMS OF DELIVERY: ___ Regular (10 business days)
___ Expedite (5 business days)
___ 3-Day (3 business days)
___ Daily (Next business day)

REALTIME SERVICES: ___ Rough ASCII
___ Real-time hookup

ELECTRONIC DELIVERY: ___ ASCII
___ E-Transcript

Email Address: _____

3.5" DISK/CD-ROM: ___ 3.5" Disk ___ CD-Rom

MINUSCRIPT: ___ Quad Print ___ Quad Print ONLY (NO FULL-SIZED)

<p>___ *NEW* GREEN-SCRIPT</p> <p>(Completely Paperless plus 10% Off!)</p> <p>Email: _____</p> <p>___ Scan and Attach Exhibits to Email</p> <p>___ E-Transcript ___ ASCII Format</p>
--

PURCHASE AGREEMENT & CREDIT TERMS

TRANSCRIPT WILL BE DELIVERED ONLY BY C.O.D. IF THIS AGREEMENT IS NOT SIGNED.

Execution of this order hereby stipulates that:

I HAVE ORDERED an original or copy(ies) of the transcribed proceedings as identified by the details on the face of this document supplied by myself, my firm or its authorized agents, for delivery according to the schedule as indicated therein. Unless otherwise stipulated, this constitutes a standing order beginning with the commencement and running through the termination of the proceedings indicated. I agree to pay the costs of transcription, including diskettes or other litigation support chosen on the face of this document, at the rates in effect at the time of this order. Accounts/invoices past due more than 30 days shall bear interest at 1.5 percent per month (1.5% mo.). I, MY FIRM (IF ANY), AND MY CLIENT SHALL EACH BE JOINTLY AND SEPARATELY RESPONSIBLE FOR PAYMENT OF THE OBLIGATIONS HEREUNDER INCURRED, INCLUDING ANY REASONABLE ATTORNEYS' FEES REQUIRED TO ENFORCE SAID OBLIGATION.

AUTHORIZED SIGNATURE: _____ DATE: _____

Please Print Clearly or Staple Business Card Below:

ATTORNEY NAME: _____ FIRM: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____