

ORDER FORM

Email: Records@ProLegalNetwork.com www.ProLegalNetwork.com Ph. (888) 72COURT (722-6878) Fax: (949) 955-2357

	<u> </u>	Tux. (545) 50	0 2001
DATE		PROLEGAL FILE NO.	
NAME OF FIRM PLACING ORDER		ORDERED BY	
PHONE	PROLEGAL ACCT.	ATTORNEY	
		YOUR CLIENT FILE NO.	
How many copies do you need?		Time & Date Needed	
	JOB DESCRIPT	TION / CASE NAME	
СОР	YING	TABBING	
☐ All 8.5" x 11" ☐ All 8.5" x 14"	☐ All 11" x 17" ☐ Size For Size	☐ Tab Same As Originals ☐ Copy Tabs ☐ Slipsh	eet
1-Sided to 1-Sided	(8.5" x 11" min.)	POST-ITS	
2-Sided to 2-Sided 1-Sided to 2-Sided	2-Sided to 1-SidedCopy Tagged/Clipped Docs	Remove & Replace Copy	
_ 13 00 11		PAGINATION	
COLOR COPIES Copy Color In: Color Black & White		Bate Label:	
Enlarge To:	_	Starting Number Prefix Suffix	
Put Photos Per Page		Add'l Comments	
		LARGE FORMAT / IMAGING	
	REPRODUCED	□ B & W □ Digital Color	
☐ Color ☐ Black & White		□ B&W – Size For Size □ Reduce To: □ 8.5" x 11" □ 11" x 17"	
■ Neg. to Print ■ Print to	-	□ 8.5" x 14" □	
Number of Reprints	Size	☐ Enlarge To: ☐ 18" x 24" ☐ 36" x 48" ☐ 24" x 36" ☐ ☐	
	HING	☐ Mounted ☐ Lamination ☐ B & W – Hi-Lite	е
Staple Copie		☐ Print from disk ☐ B&W ☐ Color ☐ Imaging — Scan to disk ☐ Need disks	
Rubberband Copies Originals		Digital Design Work Needed	
3-Hole Drill Copie	_ •	<u> </u>	
2-Hole Drill Copie	•	APPROVED DIRECT BILLING	
Acco Bind		CARRIER NAME OR FIRM	
Comb Bind Copie	•		
Clear Covers 🖵 Front	☐ Back	ADDRESS	
Black Vinyl Covers Front Cardstock Covers		CITY, STATE, ZIP	
Bind Copies Same as Original	Back Color		
	0 1111	ADJUSTER OR ATTORNEY	
Standard Language 🔲 Yes 🛄 No	Small Items per page	INSURED OR CLIENT	

CLAIM NUMBER OR FILE

DATE OF LOSS