	Reporter Name: _			COPY ORDER FORM Job #:		
	CASE:			DEPONENT:		
	Attorney:			Attorney Signature:		
_	Firm:			TRANSCRIPT EXHIBIT		
С О Р	ROUGH DRAFT Y / N	EXPEDITE DELIVERY DATE	ALL VOLUMES Y/N		Y / N Y / N	·
Y	/			Speecial Requests:		
	Attorney:			Attorney Signature:		
c	Firm:				<u>CRIPT</u>	EXHIBIT
o		EXPEDITE DELIVERY DATE	ALL VOLUMES Y/N	Hard Copy: E-Copy: Condensed:	Y / N	Hard: Y / N Electronic: Y / N Color: Y / N On CD: Y / N
Y	// Email:			Speecial Requests:		
	Attorney:			Attorney Signature:		
	Firm:			<u>TRANSCRIPT</u>		<u>EXHIBIT</u>
C O P	ROUGH DRAFT Y / N	EXPEDITE DELIVERY DATE	ALL VOLUMES Y / N	Hard Copy: E-Copy: Condensed:	Y / N Y / N	Hard: Y / N Electronic: Y / N Color: Y / N On CD: Y / N
Y	-	/		Speecial Requests:		
	Emoile					

- I understand that if I am not a regular client of iDepo Reporters or do not have an established credit history, I may be requested to remit payment on a COD basis.

 - I agree that my order will not be cancelled after the transcript is prepared or the service has been provided.
 I acknowledge that my firm and I are jointly and severally liable for payment of charges resulting from my transcript order.
 - I understand that payment is due upon receipt. Invoices not paid in 30 days shall accrue interest at the rate of 1.5% per month.

iDepo Reporters shall be entitled to recover all cost and expenses incurred in collecting such amounts, including but not limited to reasonable attorney's fees.

- •I understand when receiving a rough draft, a final certified copy must be ordered.
- I agree to the terms and conditions listed above.