



ORDER FORM

2107-D West Commonwealth Ave., #380, Alhambra, CA 91803
 Phone: (626) 289-0179 * Fax: (626) 289-7091
 Email: info@lalegalservice.com
 Back-Up L.A. is a division of L.A. Legal Service



WORK ORDER #:

See Special Instructions

Grade of work: LT MD HVY

DATE: _____

TIME IN: _____

DATE DUE: _____

TIME DUE: _____

FIRM NAME: _____
 ADDRESS: _____
 TELEPHONE #: () _____
 FAX #: () _____
 ORDERED BY: _____
 CLIENT MATTER #: _____
 DESCRIPTION: _____

of Originals: _____
 # of Boxes: _____
 # of Copies: _____
 Price Per Copy: _____

COPYING INSTRUCTIONS

COPY:
 Size for Size 2 Sided for 2 Sided
 All 8.5 X 11 2 to 1 Sided
 All 8.5 X 14 1 to 2 Sided
 All 11X17 Only Tagged Originals
 Other: _____ Only Clipped Originals

PNC

BATES LABEL: Originals Copies Price per _____
 Start #: _____
 End #: _____

COLOR: Price per _____
 Color for Color 8.5 X 11 11 X 17
 Color to B/W Same Size Other _____

DO WE COPY	YES	NO	COLOR
Post-It-Notes: R-R / S C L.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Slip Sheets with Text:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Covers:	<input type="checkbox"/>	<input type="checkbox"/>	_____
File Folders:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Redwells:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tabs:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Standard Language:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Highlights to Show:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Duplicates:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spines:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	<input type="checkbox"/>	_____

OVERSIZE: Price per _____
 Same Size Fold Roll
 Enlarge To _____
 Reduce To _____

EXHIBIT BOARDS: Price per _____
 Black & White 24 X 36 Foam Core
 Color 30 X 40 Laminate
 Electronic 36 X 48 Other _____
 Photographic 40 X 60

FINISHING / BINDING INSTRUCTIONS

Re-Bind Originals
 Re-Staple Originals
 Re-Clip Originals
 Staple Copies as Original
 Clip Copies as Original
 Rubber Band Copies:
 As Original Per Bind Other _____
 Do Not Staple or Clip: Copies Originals
 Slip Sheet Copies: As Original Color _____

ORIG.	COPY
<input type="checkbox"/>	<input type="checkbox"/> 3-Hole
<input type="checkbox"/>	<input type="checkbox"/> 2-Hole: <input type="checkbox"/> Top <input type="checkbox"/> Side
<input type="checkbox"/>	<input type="checkbox"/> Wire-O: <input type="checkbox"/> Top <input type="checkbox"/> Side <input type="checkbox"/> Covers _____
<input type="checkbox"/>	<input type="checkbox"/> GBC: <input type="checkbox"/> Top <input type="checkbox"/> Side <input type="checkbox"/> Covers _____
<input type="checkbox"/>	<input type="checkbox"/> Velo: <input type="checkbox"/> Top <input type="checkbox"/> Side <input type="checkbox"/> Covers _____
<input type="checkbox"/>	<input type="checkbox"/> Acco: <input type="checkbox"/> Top <input type="checkbox"/> Side <input type="checkbox"/> Covers _____
<input type="checkbox"/>	<input type="checkbox"/> File Folders: <input type="checkbox"/> 8.5 X 11 <input type="checkbox"/> 8.5 X 14
<input type="checkbox"/>	<input type="checkbox"/> Red Wells: <input type="checkbox"/> 8.5 X 11 <input type="checkbox"/> 8.5 X 14
<input type="checkbox"/>	<input type="checkbox"/> Tabs: <input type="checkbox"/> Alpha <input type="checkbox"/> Numeric <input type="checkbox"/> Custom
<input type="checkbox"/>	<input type="checkbox"/> Binders: 1" 2" 3" 4" 5" Price per _____

SPECIAL INSTRUCTIONS: _____

BOXING
 Box for Box Collate
 Copies with Originals Un-collate
 Label Sequence on Box _____

DELIVER/BILL TO: Same Other
 To: _____

Account Executive _____

Date _____

Client Signature _____

Date _____