



**M·A·R**  
REPORTING GROUP

# Transcript Order Form

Phone: (703) 534-1225 Fax: (703) 534-6747

Discover a Higher Standard

Attorney: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Representing: \_\_\_\_\_  
 Case Name: \_\_\_\_\_ vs. \_\_\_\_\_

\*\*\* Please note: You will receive only those items you check. \*\*\*

Please call if you want a cost estimate of the transcript before ordering.

<h2>Original</h2> <p>Name: _____        Date: _____        Delivery (indicates by end of business day)        Same Day Next a.m. 24-hr 2 3 4 5 6 7 8 9 10  <input type="checkbox"/> DHL/Courier   <input type="checkbox"/> USPS   <input type="checkbox"/> Web Posting</p>	<input type="checkbox"/> Full Size Transcript <input type="checkbox"/> Condensed Transcript [4 to a page] w/ Word Index (included in cost) <input type="checkbox"/> ASCII/E-Trans Disk (included in cost) <input type="checkbox"/> Copy of Exhibits (in addition to original) <input type="checkbox"/> Rough Draft <input type="checkbox"/> Videotape <input type="checkbox"/> DVD
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<h2>Copy Sale</h2> <p>Name: _____        Date: _____        Delivery (indicates by end of business day)        Same Day Next a.m. 24-hr 2 3 4 5 6 7 8 9 10  <input type="checkbox"/> DHL/Courier   <input type="checkbox"/> USPS   <input type="checkbox"/> Web Posting</p>	<input type="checkbox"/> Full Size Transcript <input type="checkbox"/> Condensed Transcript [4 to a page] w/ Word Index <input type="checkbox"/> ASCII/E-Trans Disk <input type="checkbox"/> Copy of Exhibits <input type="checkbox"/> Rough Draft <input type="checkbox"/> Videotape <input type="checkbox"/> DVD
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Signature  
&  
Agreement

*We (the person signing this order and my law firm) agree to pay your invoice upon receipt. We agree to pay service charges of 1.5% per month and/or a \$10.00 per month late fee on any invoice that remains unpaid beyond 30 days. In the event you are required to place this account in the hands of an attorney or agency for collection, we agree to pay reasonable fees for those services. We understand you are not required to extend us credit and that you may require payment upon delivery.*

**X**

5/26/06

Authorized Signature

Date: \_\_\_\_\_

