



Transcript Order Confirmation Form

Attorney Name

Firm Name

Address

City

State

Zip Code

Phone

Fax

Email

Please enter my order for the following court reporting and/or related services:

Case Name

Date

Witness Name

Transcript Order

Original

Copy

Condensed

Real Time Hookup/Rough Draft

Additional Services

Disk

Microsoft Word

Ascii

E-Trans

Other (specify)

Video Services

No

Yes

DVD

V-CD

M PEG Video

Transcript Delivery Request

Daily (overnight)

2 Business Days

3 Business Days

Expedite (5 Business Days)

7 Business Days

Regular (10 Business Days)

12 to 14 Business Days

Other (specify)

Approval and Agreement to Pay:

I hereby order the transcript(s) of the witness mentioned above for the delivery and service requested. Unless stipulated, this is a standing order beginning with the initial proceedings and continuing to termination thereof. I understand that United Reporters, Inc. does not accept assignment and payment of my invoices is not contingent upon the outcome of the case nor on the financial status of my client. I understand that payment, in full, is due upon receipt of invoice and that interest and/or late fees will accrue at the rate 1.5% per month on any unpaid balance after 30 days.

Authorized Signature

Date