



# COPYING ORDER FORM

# LAW IN ORDER

Internal Use Only – Invoice Number

Internal Use Only – JMS Number

Contact Name:

Firm:

Telephone:

Address:

Email:

Date:

Your Reference/Matter Number:

Number of Copies:

Date/Time Required (ASAP not acceptable):

## GENERAL COPYING (PLEASE TICK BELOW)

COPY ALL DOCUMENTS IDENTICAL TO THE ORIGINALS (e.g, colour, plans, insert into folders) OR select options from below

<b>COPY</b>	<input type="radio"/> All documents	<input type="radio"/> Tagged Pages	<input type="radio"/> Tagged documents
<b>FORMAT</b>	<input type="radio"/> Single sided	<input type="radio"/> Double sided	<input type="radio"/> As originals
<b>PAPER</b>	<input type="radio"/> White	<input type="radio"/> Coloured	<input type="radio"/> A3 reduced to A4 <input type="radio"/> As originals
<b>DRILLED</b>	<input type="radio"/> No holes	<input type="radio"/> 2 holes	<input type="radio"/> As originals
<b>STAPLES/CLIPS</b>	<input type="radio"/> None	<input type="radio"/> Staples/Clips	<input type="radio"/> As originals
<b>DIVIDERS</b>	<input type="radio"/> No dividers	<input type="radio"/> Specify	<input type="radio"/> As originals
<b>FINISH</b>	<input type="radio"/> Unbound	<input type="radio"/> Insert into folders	<input type="radio"/> As originals
	<input type="radio"/> Velo Bind	<input type="radio"/> Comb bind	<input type="radio"/> Wire bind

## GENERAL COPYING INSTRUCTIONS (PLEASE SPECIFY BELOW)

## COLOUR COPYING (PLEASE TICK AND SPECIFY INSTRUCTIONS BELOW)

As original (all colour, including letterhead)  Only necessary colour (photos, maps etc...)

Photos (how many to a page)   Tagged pages

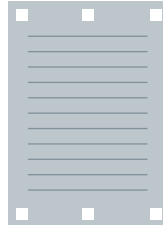
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# LAW IN ORDER

## PAGINATION/NUMBERING (PLEASE TICK AND SPECIFY INSTRUCTIONS BELOW)

- Originals & copies
- Copies
- 1st page of documents
- All pages



(Please tick pagination position on page)

## PLAN COPYING (PLEASE TICK AND SPECIFY INSTRUCTIONS BELOW)

- Identical to original
- Black & white
- Colour
- Reduce —  A4  A3
- Rolled
- Folded

## DOCUMENT COLLATION (PLEASE TICK AND SPECIFY INSTRUCTIONS BELOW)

- As indexed
- Chronological
- Other

## OTHER INSTRUCTIONS

## DELIVERY

Signature:

Print Name:

Date/Time: