



Print Order Form

*Contact Name:	*Firm:	*Telephone (after hours if logged after 4pm):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Address:		*Email:	
<input type="text"/>		<input type="text"/>	
*Your Reference:	*Date:	*Date Required:	*Time Required:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Printing

*No. of copies:	<input type="text"/>
*Order by:	<input type="radio"/> Alpha numeric folder and file name <input type="radio"/> Doc ID <input type="radio"/> Index <input type="radio"/> Chronological order <input type="radio"/> Reverse chronological order <input type="radio"/> Other (please specify): <input type="text"/>
*Page size:	<input type="radio"/> A5 <input type="radio"/> A4 <input type="radio"/> A3 <input type="radio"/> A2 <input type="radio"/> A1 <input type="radio"/> A0 <input type="radio"/> As original
*Colour:	<input type="radio"/> Black & White <input type="radio"/> Colour as original
*Format:	<input type="radio"/> Single sided <input type="radio"/> Double sided
*Document Segregation:	<input type="radio"/> Stapled <input type="radio"/> Colour Separator (with filename) <input type="radio"/> Colour Separator (blank) <input type="radio"/> Custom dividers <input type="radio"/> Blank dividers <input type="radio"/> Numbered dividers <input type="radio"/> None <input type="radio"/> Other (please specify): <input type="text"/>
*Subfolders:	<input type="radio"/> Colour Separator (with folder name) <input type="radio"/> Colour Separator (blank) <input type="radio"/> Custom dividers <input type="radio"/> Blank dividers <input type="radio"/> Numbered dividers <input type="radio"/> None <input type="radio"/> Other (please specify): <input type="text"/>
*Finishing:	<input type="radio"/> Hole Punch <input type="radio"/> Folders <input type="radio"/> Comb bind <input type="radio"/> Wire bind <input type="radio"/> Unbound

Emails and Attachments

Merge Don't merge

*Placeholders

For unsupported files For excels No placeholders

[NEXT PAGE](#)

**This field is required*



Print Order Form

Pagination

Yes No

Type: Numeric Doc ID Doc ID – Page number Other

Position: Top Left Top Centre Top Right

Bottom Left Bottom Centre Bottom Right

Starting page #:

Pagination sequence: Numbering continuously throughout

*Index

Yes No

Create index

Update existing index with: Starting page Page ranges

*Covers

Law In Order Provided No covers

*Spines

Law In Order Provided No spines

Special Instructions

**This field is required*