



Knox Copy Centers
Downtown Office Sorrento Vally Office
 401 West "A" Street 5720 Oberlin Drive
 Suite 140 San Diego, CA 92121
 San Diego, CA 92101
 (619) 230-6300 Fax (619) 795-3143
 knoxservices.com

Special Delivery

Originals _____

Copies _____

Date: _____

Knox File No.: _____

Name of Firm Placing Order: _____

Ordered By: _____

Attorney: _____

Your Client _____

Phone: _____

Knox Acct. _____

File No.: _____

How many copies do you need?

Time and Date Needed

Job Description / Case Name

Copying

- All 8.5" x 11"
- All 8.5" x 14"
- 1 Sided to 1 Sided
- 2 Sided to 2 Sided
- 1 Sided to 2 Sided
- All 11" x 17"
- Size For Size (8.5 x 11 min.)
- 2 Sided to 1 Sided
- Copy Tagged/Clipped Docs

Tabbing

- Tab Same As Originals
 - Copy Tabs
 - Slipsheet
- Post - its
- Remove & Replace
 - Copy

Color Copies

- Copy Color In: Color Black & White
- Enlarge To: _____ Reduce To: _____
- Put _____ Photos Per Page

Pagination

- Bate Label: Originals Copies
- Starting Number _____
- Prefix _____ Suffix _____
- Add'l Comments: _____

Photographs Reproduced

- Color Black & White
- Neg. to Print Print to Print Print to Neg.
- Number of Reprints _____ Size _____

Large Format / Oversize

- B & W Digital Color
- B & W - Size For Size
- Reduce To: 8.5" x 11" 11" x 17"
- 8.5" x 14" _____
- Enlarge to: 18" x 24" 36" x 48"
- 24" x 36" _____
- Mounted Lamination B & W - Hi-Lite
- Print from disk B & W Color
- Imaging - Scan to disk Need disks
- Digital Design Work Needed

Finishing

- Staple Copies Originals
- Clip Copies Originals
- Rubberband Copies Originals
- 3-Hole Drill Copies Originals
- 2-Hole Drill Copies Originals
- Acco Bind Copies Originals
- Velo Bind Copies Originals
- Comb Bind Copies Originals
- Clear Covers Front Back
- Black Vinyl Covers Front Back
- Cardstock Covers Front Back _____ Color
- Bind Copies Same As Original

Bill Copies To/Approved Direct Insurance Billing

Carrier Name _____
 Or Firm: _____
 Address: _____
 City, State, Zip: _____
 Adjuster _____
 Or Attorney: _____
 Insured _____
 Or Client: _____
 Claim Number _____
 Or File: _____
 Date Of _____
 Loss: _____

Standard Language Yes _____ NO _____

Small Items _____ per page