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Date:
Name Of Firm Placing Order

Knox File No.:

Ordered By:

Attorney:

Your Client
File No.:

Phone:

Knox
Acct.

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

Color Copies

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

Photographs Reproduced

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

Finishing

- | | | |
|------------------------------|---------------------------------|--|
| Staple | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals |
| Clip | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals |
| Rubberband | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals |
| 3-Hole Drill | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals |
| 2-Hole Drill | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals |
| Acco Bind | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals |
| Velo Bind | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals |
| Comb Bind | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals |
| Clear Covers | <input type="checkbox"/> Front | <input type="checkbox"/> Back |
| Black Vinyl Covers | <input type="checkbox"/> Front | <input type="checkbox"/> Back |
| Cardstock Covers | <input type="checkbox"/> Front | <input type="checkbox"/> Back <input type="checkbox"/> Color |
| Bind Copies Same As Original | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Special Instructions

Tabbing

- Tab Same As Originals Copy Tabs Slipsheet For Tabs

Post - its

- Remove & Replace Copy

Pagination

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

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

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: