

CLARK REPORTING SERVICE
1101 Channelside Drive, Suite 303
Tampa, FL 33602
1-813-247-3376 fax

Tax ID 59 3256684

Date: _____

Attention: _____

ORDER FORM

To better serve our customers and ensure the accuracy of your order, please fill out this form and return it to your court reporter at the conclusion of the deposition or fax the completed form to Clark Reporting Service to begin timely processing of your order. **TRANSCRIPTION WILL BEGIN UPON RECEIPT OF SIGNED ORDER FORM. PREPAYMENT/COD OF YOUR ORDER MAY BE REQUIRED.**

Date of proceedings _____ Witness(es): _____ _____
 _____ _____

Case _____

Requesting Attorney _____

Phone _____

Firm _____

Fax _____

Delivery address _____

The undersigned represents a party to the case and requests the following services and agrees to pay for the items checked below:

- Appearance Fee
- Certificate of Non-Appearance

Hard Copy

- Original, Full size
- Certified copy, Full Size (Requires that original has already been ordered.)
- Certified copy, Condensed Size (Requires that original has already been ordered.)

Delivery Time

- Standard delivery – 10 business days via Priority US Mail
- Expedited delivery for receipt on _____ (Will result in higher page rate) Fed Ex Account No. _____

Electronic Copy

Emailed to _____

On CD Sent to Delivery Address

- | | |
|---|--|
| <input type="checkbox"/> PDF Format E-transcript (includes word index & exhibits) | <input type="checkbox"/> PDF Format E-transcript (word index & exhibits) |
| <input type="checkbox"/> Ascii | <input type="checkbox"/> Ascii |
| <input type="checkbox"/> RealLegal Format E-transcript | <input type="checkbox"/> RealLegal Format E-transcript |
| <input type="checkbox"/> Electronic Copy Exhibits | <input type="checkbox"/> Electronic Copy Exhibits |

Video Copy (Check format: DVD CD Text synchronized with video)

Other Items

Other (please specify) _____

TERMS: INVOICE FOR SERVICES DUE AND PAYABLE UPON RECEIPT OF WORK. UPON FAILURE TO MAKE PAYMENT WITHIN 30 DAYS, YOU WILL INCUR INTEREST AT 1.5% PER MONTH AND COSTS FOR COLLECTION OF THE DEBT INCLUDING ATTORNEY'S FEES. THE STATE COURT LOCATED IN HILLSBOROUGH COUNTY, FLORIDA, SHALL HAVE EXCLUSIVE JURISDICTION TO ENFORCE THIS DOCUMENT. IT IS AGREED THAT BOTH ATTORNEYS ATTENDING THE DEPOSITION AND PLACING THE ORDER, AS WELL AS THE FIRM FOR WHICH THE ATTORNEY WORKS, ARE PERSONALLY RESPONSIBLE FOR THE PAYMENT IN FULL.



(Convenience fee applies)

X _____
Signature of Attorney or Authorized Agent
Print/Type name _____
Date Signed _____