



Sydney **A:** Level 7, 135 King St. Sydney 2000 **T:** 02 9223 9200 **F:** 02 9223 9600 **DX:** 561 Sydney **E:** sydney@lawinorder.com.au
Melbourne **A:** Level 8, 473 Bourke St. Melbourne 3000 **T:** 03 9691 7555 **F:** 03 9691 7577 **DX:** 249 Melbourne **E:** melbourne@lawinorder.com.au
Brisbane **A:** Level 6, 359 Queen St. Brisbane 4000 **T:** 07 3220 1655 **F:** 07 3220 1677 **DX:** 561 Brisbane **E:** brisbane@lawinorder.com.au

Internal Use Only - Invoice Number	Internal Use Only - JMS Number

Contact Name	Firm	Telephone
Address	Email	Date
Your Reference or Billback Number	Number of Copies	Date/Time Required (ASAP not acceptable)

GENERAL COPYING (please tick)

Copy all documents identical to the originals (e.g. colour, plans, insert into folders) or select options from below				
Copy	All documents		Tagged pages	Tagged documents
Format	Single sided		Double sided	As originals
Paper	White	Coloured	A3 reduced to A4	As originals
Drilled	No holes		2 holes	As originals
Staples/Clips	None		Staples/Clips	As originals
Dividers	No dividers		Specify	As originals
Finish	Unbound		Insert into folders	As originals
	Velo bind		Comb bind	Wire bind

GENERAL COPYING INSTRUCTIONS (please specify below)

SPECIAL DELIVERY/INVOICING INSTRUCTIONS (please specify below)

DELIVERY

Signature	Print Name	Date/Time

COLOUR COPYING (please tick)

<input type="checkbox"/>	As original	<input type="checkbox"/>	Tagged pages	<input type="checkbox"/>	Print from disk
<input type="checkbox"/>	Photos:	<input type="checkbox"/>	to a page	<input type="checkbox"/>	

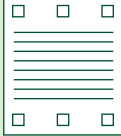
COLOUR COPYING INSTRUCTIONS (please specify below)

PLAN COPYING (please tick)

<input type="checkbox"/>	Identical to original	<input type="checkbox"/>	Black & white	<input type="checkbox"/>	Colour
<input type="checkbox"/>	Reduce to	<input type="checkbox"/>	A3	<input type="checkbox"/>	A4
<input type="checkbox"/>		<input type="checkbox"/>	Rolled	<input type="checkbox"/>	Folded

PLAN COPYING INSTRUCTIONS (please specify below)

PAGINATION/NUMBERING (please tick)

<input type="checkbox"/>	Originals & copies		Please tick pagination position on page
<input type="checkbox"/>	Copies		
<input type="checkbox"/>	1st page of documents		
<input type="checkbox"/>	All pages		

PAGINATION/NUMBERING INSTRUCTIONS (please specify below)

DOCUMENT COLLATION (please tick)

<input type="checkbox"/>	As indexed	<input type="checkbox"/>	Chronological	<input type="checkbox"/>	Other
--------------------------	------------	--------------------------	---------------	--------------------------	-------

DOCUMENT COLLATION INSTRUCTIONS (please specify below)
