

# PRODOC | KYTEL

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P PD

DP EVERYDAY COPYING

Date \_\_\_\_\_

Firm Name \_\_\_\_\_

Attorney \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Case Caption \_\_\_\_\_

Firm File Number \_\_\_\_\_

Copies Requested \_\_\_\_\_ # of Originals \_\_\_\_\_

Date & Time Due \_\_\_\_\_

Carrier \_\_\_\_\_

Adjuster \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Date of Loss \_\_\_\_\_

## COPIES (Please Check Options)

- |                                                |                                              |                                                     |                                                |
|------------------------------------------------|----------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Collate               | <input type="checkbox"/> Staple Copies       | <input type="checkbox"/> Bind Copies                | <input type="checkbox"/> Transcription         |
| <input type="checkbox"/> Copy 1 Sided          | <input type="checkbox"/> Copy 2 Sided        | <input type="checkbox"/> Reduce 8.5 x 14            | <input type="checkbox"/> 35mm Film Development |
| <input type="checkbox"/> Copy Post-its         | <input type="checkbox"/> 3 Hole Punch        | <input type="checkbox"/> 2 Hole Punch Top           | <input type="checkbox"/> Audio Duplication     |
| <input type="checkbox"/> Provide Tabs for Tabs | <input type="checkbox"/> Copy Tabs on White  | <input type="checkbox"/> Slip Color Sheets For Tabs | <input type="checkbox"/> Mirror Image          |
| <input type="checkbox"/> Color Photos in Color | <input type="checkbox"/> Color Photos in B/W | <input type="checkbox"/> Reduce 11x 17              | <input type="checkbox"/> Trial Exhibit Boards  |

## BINDING (Please Check Options)

- |                                   |                                   |                                    |
|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Acco Top | <input type="checkbox"/> Velobind | <input type="checkbox"/> Acco Side |
|-----------------------------------|-----------------------------------|------------------------------------|

## SPECIAL INSTRUCTIONS

\_\_\_\_\_  
Customer's Signature