

**APEX REPORTING GROUP**

a d/b/a of OFFICIAL REPORTING SERVICES, LLC

12 SE 7<sup>th</sup> Street, Suite 702 Ft. Lauderdale, Fl. 33301

Tel. (954) 467-8204 Fax (954) 467-9065

TAX ID 20-5849842

**TRANSCRIPT ORDER FORM**

Today's Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Requestor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

Deposition of or Hearing Before: \_\_\_\_\_

Private: \_\_\_\_\_ Indigent: \_\_\_\_\_ Court Appointed: \_\_\_\_\_ Attorney General: \_\_\_\_\_

Case Name/Style: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date of Deposition or Hearing: \_\_\_\_\_

Reporter's Name: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Indicate Completion Timing / Rate Requesting:

\_\_\_ REGULAR – 10 BUSINESS DAYS

\_\_\_ EXPEDITE – (CIRCLE ONE) 5 3 2 BUSINESS DAYS

\_\_\_ OVERNIGHT – NEXT BUSINESS DAY

\_\_\_ DAILY – SAME DAY ASCII \_\_\_\_\_ MINI \_\_\_\_\_

**SIGNATURE (Required on all orders)** \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

AMEX \_\_\_ VISA \_\_\_ MC \_\_\_ CC# \_\_\_\_\_ Expires: \_\_\_\_\_ Sec. # \_\_\_\_\_

**\*If you do not have sufficient credit history we will require a deposit**

**\*Orders Received After 3:00PM Will Be Considered Entered The Next Business Day**

**\*We Will Expect Payment At Time of Delivery For Any Transcripts Over \$500**

**\*Shipping Costs Are Not Included \*Minimum order of \$75**

**CLIENT AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING ATTORNEY FEES**

**PLEASE FAX ORDER TO:**

**FAX (954) 467-9065 or FAX (954) 467-8214**