



CopyTech a division of Kopy Kat, Inc

Overnight Duplication Specialists

400 Atlas St.
Brea, CA 92821

*(714) 990-6122 (800) 660-1946 FAX (714) 990-6126

Date _____

Date Due _____

NUMBER OF COPY
SETS REQUESTED _____

**Please call for pickup of your project !*

ORDERING FIRM: _____ **Phone #:** _____
Ext. #: _____

FIRM: _____

ADDRESS: _____

ADDRESS: _____

ORDERED BY: _____

BILL TO:

____ **SAME AS ABOVE**

____ **OTHER:**

PLAINTIFF (required) _____

VS.

DEFENDANT (required) _____

CLAIM #: (required) _____

FILE #: _____

** CLAIM # AND PLAINTIFF NAME MUST BE LISTED TO PROCESS !

<u>COPYING</u>	<u>YES</u>	<u>NO</u>
COPY ALL ORIGINALS	<input type="checkbox"/>	<input type="checkbox"/>
COPY CLIPPED PAGES ONLY	<input type="checkbox"/>	<input type="checkbox"/>
COPY RUBBER BANDED PAGES ONLY	<input type="checkbox"/>	<input type="checkbox"/>
SLIP SHEET SECTIONS	<input type="checkbox"/>	<input type="checkbox"/>
LASER COPY PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>
MAKE PRINTS OF PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>
 <u>FINISHING</u>		
2 HOLE DRILL	<input type="checkbox"/>	<input type="checkbox"/>
3 HOLE DRILL	<input type="checkbox"/>	<input type="checkbox"/>
RUBBER BAND COPIES	<input type="checkbox"/>	<input type="checkbox"/>
REBIND ORIGINALS	<input type="checkbox"/>	<input type="checkbox"/>
BIND COPIES (Circle One)	<input type="checkbox"/>	<input type="checkbox"/>
<small>Acco / Velo / Spiral / Same As Original (staple for staple, etc.)</small>		
PROVIDE FOLDERS (Circle One)	<input type="checkbox"/>	<input type="checkbox"/>
<small>3-Ring / Manilla / Red-Well / Same As Original</small>		

SPECIAL INSTRUCTIONS:

PLEASE SEND SET/S TO:

RECEIVED BY: _____

PRINT: _____

DATE: _____

REP: _____

CTUSE ONLY

COPIED BY: _____ DATE: _____