



CONFIDENTIAL IMAGING PTY LTD

Sydney Phone(02) 9232 4422 Fax (02) 9232 4322

REQUISITION FORM

1	FIRM			TODAYS DATE / /	
	ADDRESS				
	CONTACT		DIRECT PHONE		OFFICE USE ONLY JOB LOG REF NO
	MATTER NO				
	MATTER NAME				
	SOLICITOR REF				

2	JOB REQUIRED BY	DATE / /	TIME : AM PM	COPY X
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3	COPY INSTRUCTIONS			
	DOCUMENT	Tagged Documents <input type="checkbox"/>	Tagged Pages <input type="checkbox"/>	All Documents <input type="checkbox"/>
	PAPER SIZE	As Original <input type="checkbox"/>	A3 <input type="checkbox"/>	A4 <input type="checkbox"/>
	IMAGING	As Original <input type="checkbox"/>	Single Sided <input type="checkbox"/>	Double Sided <input type="checkbox"/>
	COLOUR	As Original <input type="checkbox"/>	A3 <input type="checkbox"/>	A4 <input type="checkbox"/>
	PLANS	As Original <input type="checkbox"/>	Reduced To <input type="checkbox"/>	Folded <input type="checkbox"/>

4	FINISHING INSTRUCTIONS			
	HOLE PUNCH	2 Holes <input type="checkbox"/>	Other <input type="checkbox"/>	As Original <input type="checkbox"/>
	STAPLE	Yes <input type="checkbox"/>	No <input type="checkbox"/>	As Original <input type="checkbox"/>
	CLIP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	As Original <input type="checkbox"/>
	DIVIDER	Numbered <input type="checkbox"/> Alphabetical <input type="checkbox"/>	Color <input type="checkbox"/>	As Original <input type="checkbox"/>
	BINDING	Fast Back <input type="checkbox"/> Comb <input type="checkbox"/>	Velo <input type="checkbox"/>	Wire <input type="checkbox"/>
	FOLDER	Lever Arch <input type="checkbox"/>	Ring Binder <input type="checkbox"/>	Manilla <input type="checkbox"/>

5	DIGITAL INSTRUCTIONS				DUPLICATIONS	
	PRINT FROM DISK		SCAN			
	Word Document <input type="checkbox"/>	Adobe Document <input type="checkbox"/>	TIFF <input type="checkbox"/>	PDF <input type="checkbox"/>		VIDEO/VHS <input type="checkbox"/>
	Corel Draw <input type="checkbox"/>	Quark Express <input type="checkbox"/>	CD Burn <input type="checkbox"/>	JPEG <input type="checkbox"/>		CD <input type="checkbox"/>
	Plot Files <input type="checkbox"/>				BAR CODING <input type="checkbox"/>	

6	SPECIAL INSTRUCTIONS	

RECEIVED BY: _____	TIME _____	DATE _____
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CONFIDENTIALITY AND QUALITY ASSURED
24 HOUR COPYING SERVICE