



Shaylah Burrill and Associates Transcript Order Form

INFORMATION

Case Name/No.: _____ Job Date: _____

Witness(es): _____

Contact Name: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Billing Email: _____

DELIVERY

- | | |
|---|--|
| <input type="checkbox"/> Regular 10 + Business Days | <input type="checkbox"/> EXPEDITE |
| <input type="checkbox"/> 7 Business Days | <input type="checkbox"/> 3 Business Days |
| <input type="checkbox"/> 6 Business Days | <input type="checkbox"/> 2 Business Days |
| <input type="checkbox"/> 5 Business Day | <input type="checkbox"/> Next Business Day |
| <input type="checkbox"/> 4 Business Days | <input type="checkbox"/> Same Business Day |

*Regular 10 + Business Days will be the delivery time if no box is marked.

FORMAT

- | | |
|--|--|
| <input type="checkbox"/> Hard Copy - Full Size | <input type="checkbox"/> Microsoft Word |
| <input type="checkbox"/> Hard Copy - Condensed | <input type="checkbox"/> ASCII |
| <input type="checkbox"/> PDF | <input type="checkbox"/> Exhibits Attached |

* Hard Copy - Full Size will be the format if no box has been marked.

SIGNATURE

 Signature _____ Date _____

By signing or completing this form on line, I agree that I have read and ordered the above services. I understand that C.O.D. delivery may be required for new clients and clients with a past due balance.

Submit via Email to: SBandAssoc@gmail.com
 Complete on line at <http://www.sbandassoc.com/transcripts>