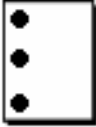







Copy Work Order

Order Information

Job Number:	Client-Matter/P.O.#:
DueDate: /Time: OrderDate: /Time:	Job Description:
Number of Boxes: Number of Pages:	Account Executive:
Number of Copies:	
Ordering Company Name:	Order Contact Name:
Industry: <input type="checkbox"/> Legal <input type="checkbox"/> Mortgage <input type="checkbox"/> Architecture <input type="checkbox"/> Real Estate <input type="checkbox"/> Other: _____	

Job Details

Copy Formatting					
Paper Size	Copy Sides	Stapling	Tabs/Folders	Post-It Notes	Bates Labels
<input type="checkbox"/> As Original <input type="checkbox"/> Other: _____	<input type="checkbox"/> As Original <input type="checkbox"/> All 1 Sided <input type="checkbox"/> All 2 Sided	<input type="checkbox"/> As Original <input type="checkbox"/> None Clipping <input type="checkbox"/> As Original <input type="checkbox"/> None	<input type="checkbox"/> Copy Tabs <input type="checkbox"/> Copy Folders <input type="checkbox"/> Provide Tabs <input type="checkbox"/> Provide Folders <input type="checkbox"/> Provide Binders	<input type="checkbox"/> Copy Tagged or Clipped only <input type="checkbox"/> Remove&Replace <input type="checkbox"/> Copy Post-Its <input type="checkbox"/> Copy P-Its W/WO	<input type="checkbox"/> Label 1 st Copy <input type="checkbox"/> Label Originals <input type="checkbox"/> Add space between prefix and starting # #: _____
Color		Oversize		Printing	
<input type="checkbox"/> As Original <input type="checkbox"/> 1/ page 2/ page <input type="checkbox"/> Reduce/Enlarge to: _____	<input type="checkbox"/> Back Side <input type="checkbox"/> B&W Laser	<input type="checkbox"/> As Original <input type="checkbox"/> Reduce to: <input type="checkbox"/> Enlarge to:	<input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> 24 x 36 <input type="checkbox"/> 36 x 48	(print from CD) <input type="checkbox"/> Print All <input type="checkbox"/> Print Items Listed <input type="checkbox"/> Print all in B&W <input type="checkbox"/> Duplicate CD # CD copies: _____	
Drilling & Bindery					
					
3 ring <input type="checkbox"/> Originals <input type="checkbox"/> Copies	2 (side) <input type="checkbox"/> Originals <input type="checkbox"/> Copies <input type="checkbox"/> Acco	Euro <input type="checkbox"/> Originals <input type="checkbox"/> Copies <input type="checkbox"/> Acco	2 Hole <input type="checkbox"/> Originals <input type="checkbox"/> Copies <input type="checkbox"/> Acco	Spiral Bind <input type="checkbox"/> Originals <input type="checkbox"/> Copies <input type="checkbox"/> up to 2"	Velo Bind <input type="checkbox"/> Originals <input type="checkbox"/> Copies <input type="checkbox"/> up to 3"
Covers: <input type="checkbox"/> None <input type="checkbox"/> Clear <input type="checkbox"/> CardStock (color: _____)	Backs: <input type="checkbox"/> None <input type="checkbox"/> Clear <input type="checkbox"/> Black Vinyl <input type="checkbox"/> Blue Vinyl <input type="checkbox"/> CardStock (color: _____)				
Trial Presentations*			X-Rays*		Audio/Video*
Exhibit Boards: <input type="checkbox"/> Black & White <input type="checkbox"/> Full Color Size: <input type="checkbox"/> 17x22 <input type="checkbox"/> 24x36 <input type="checkbox"/> 36X48 Framing: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <i>(call for graphic design options on all trial presentations)</i>	PowerPoint Presentations: <input type="checkbox"/> Design Original <input type="checkbox"/> Update Existing		<input type="checkbox"/> X-Ray Film # of sets: _____ <input type="checkbox"/> Do Not Copy <i>(24 - 48 hour turn-around time.)</i>		<input type="checkbox"/> Audio Tapes # of copies: _____ <input type="checkbox"/> Video Tapes # of copies: _____
* Ask your account executive for availability					
Additional Instructions: _____ _____ _____ _____					

Meeting Room Work Order

Client Information

Company Name:	Order Contact Name:
SPS Account Executive:	
Street:	City:
State:	Zip:
E-mail Address:	Phone#:

Meeting/Event Details

Event Info	
Event Date:	Number of Attendees:
Event Time; From: to:	Contact Name:
Recurring? <input type="checkbox"/> Yes; <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Contact Phone:
	Contact E-mail:
Event Location:	Event atmosphere: <input type="checkbox"/> Corporate <input type="checkbox"/> Casual
Internet/Audio-Visual Requirements	
Teleconferencing: <input type="checkbox"/> Audio <input type="checkbox"/> Visual	Internet connection required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Media requirements: <input type="checkbox"/> DVD <input type="checkbox"/> CD <input type="checkbox"/> VHS <input type="checkbox"/> Cassette	Projection/Plasma display* <input type="checkbox"/> Plasma TV <input type="checkbox"/> Screen Projection <i>*(42" Plasma TV is standard for all rooms)</i>
Catering	
Catering required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Kitchen Access? <input type="checkbox"/> Yes <input type="checkbox"/> No
Eats Refreshments	
<input type="checkbox"/> Box Lunches <input type="checkbox"/> Deli Platter	<input type="checkbox"/> Coffee <input type="checkbox"/> Tea
<input type="checkbox"/> Pastries <input type="checkbox"/> Other	<input type="checkbox"/> Bottled Water <input type="checkbox"/> Soft Drinks
Food Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> None known	
Please list:	
Special Instructions:	
<i>(Please discuss all catering orders with your Account Executive)</i>	
Reprographic Services	
Reprographic services needed for meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(If Yes, please discuss with your Account Executive)</i>	
Additional Considerations	

Database Consulting Work Order

Client Information

Company Name:	Order Contact Name:
SPS Account Executive:	
Street:	City:
State:	Zip:
E-mail Address:	Phone#:

Database Software Consulting Brief

Basic Information
<p>Please note: Our database software consulting services are highly customized; the general information on this form will help your account executive determine a starting point from which to move forward. Your account executive will work with you to schedule a follow-up meeting during which specific project requirements will be discussed; if you aren't sure about the answers to any of the below questions, we can address them at this meeting, for now just fill out the information you know off-hand. Thanks and we look forward to working with you!</p>
Who will use this database?
What information will be accessed?
Is this database working with information from an SPS imaging order? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any sorting/searching requirements? (i.e. do you wish to view information by keyword, timeframe, etc.)

Additional considerations:

Client Billing Information

Client Information

Industry:	<input type="checkbox"/> Legal	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Architecture	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Other: _____
Company Name:	Order Contact Name:				
Street:	City:				
State:	Zip:				
E-mail Address:	Phone#:				

Billing Information

Company Name:	Street:
City:	State:
Zip:	
Billing Ref (for SPS internal office use only):	<input type="checkbox"/> RE2 <input type="checkbox"/> RE3 <input type="checkbox"/> ML1 <input type="checkbox"/> ML2 <input type="checkbox"/> ML3 <input type="checkbox"/> PPA
Billing Contact Name:	Billing Contact E-mail address:

Workflow Summary/Billing

Quantity	Description	Rate	Total

06-20-08

Billing Exceptions

Reason for price:
Authorization:

Production Approval

Approved by:
Date:

Special Instructions

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Please e-mail or print and fax this order to your SourcingPoint Solutions Account Executive, or to our main office at 714.636.2510. If you have questions about the availability of services, turnaround times, or any other issue, please call us at 714.638.2855.

We appreciate the opportunity to serve you!