

**Quick & Confidential, Inc.**

202 E. Earl Dr., Ste. 425

Phoenix, AZ 85012

Firm: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Client or Matter No.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**QUICK AND  
CONFIDENTIAL**

Phone: 602-277-4474 / Fax: 602-277-4556

E-mail: production@quickandconfidential.com

Job # (for Q&C use only): \_\_\_\_\_

Order Date: \_\_\_\_\_

Date Due: \_\_\_\_\_

Time Due: \_\_\_\_\_

**COPYING INSTRUCTIONS**

Number of sets or copies: \_\_\_\_\_

**Should we copy:**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Should we insert:**

- Slip sheets      Color: \_\_\_\_\_
- Legal index tabs:**       Alpha
- Numeric                       Custom

**Media Duplication:**

- Number of Copies: \_\_\_\_\_
- Video tape to:     Video tape     DVD
- Audio tape to:     Audio tape     CD
- Micro tape to:     Micro tape     CD
- Floppy to:             Floppy             CD
- CD to CD             DVD to DVD

Other: \_\_\_\_\_

**Trial Boards:**

- Black & White       Color
- 24 x 36     30 x 40     36 x 48     Other: \_\_\_\_\_
- Border tape       Highlighting       Flipchart

**Bates labeling:**

- Bates originals     Bates copies
- Location of Label:
- As read               Bottom right
- Starting # \_\_\_\_\_

**Color copying:**

- |   |   |
|---|---|
| <input type="checkbox"/> Copy in full color | <input type="checkbox"/> Black & White laser                          |
| <input type="checkbox"/> Photos only        | <input type="checkbox"/> Graphs <input type="checkbox"/> Highlighting |
| <input type="checkbox"/> Logos              | <input type="checkbox"/> Colored text                                 |
| <input type="checkbox"/> One to a page      | <input type="checkbox"/> Multiple to a page                           |

**Oversized documents:**

- # of sets: \_\_\_\_\_
- Copy size for size
  - Reduce or enlarge to: \_\_\_\_\_
  - Fold                       Roll

**Originals    Copies**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Staple or clip  |
| <input type="checkbox"/> | <input type="checkbox"/> Rubberband  |
| <input type="checkbox"/> | <input type="checkbox"/> Spiral (GBC) Comb   |
| <input type="checkbox"/> | <input type="checkbox"/> Plastic Coil  |
| <input type="checkbox"/> | <input type="checkbox"/> Velo  |
| <input type="checkbox"/> | <input type="checkbox"/> Tape  |
| <input type="checkbox"/> | <input type="checkbox"/> Depo  |
| <input type="checkbox"/> | <input type="checkbox"/> Acco bind: <input type="checkbox"/> Top <input type="checkbox"/> Side |
| <input type="checkbox"/> | <input type="checkbox"/> 3-ring binder (Black)   |

**Drilling:**

- |                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> 2-hole top  |
| <input type="checkbox"/> | <input type="checkbox"/> 2-hole side |
| <input type="checkbox"/> | <input type="checkbox"/> 3-hole side |

**Briefs:**

- Cover and first page the same

**Covers:**

- Color: \_\_\_\_\_
- Clear Front / Black Back

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

\_\_\_\_\_

\_\_\_\_\_