

PROJECT REQUEST FORM
(orders must be placed by either email, fax or mail)

Company Name: _____	Contact Name : _____
Phone: _____	Alternate Phone: _____
Street Address: _____	City & Zip: _____
E-mail Address: _____	

(If Different From Above)	
Billing Contact Name: _____	Billing Contact Phone: _____
Billing Address: _____	City & Zip: _____

<u>Type of Service (check one):</u> <ul style="list-style-type: none"><input type="checkbox"/> Presentation (\$18.00/hour)<input type="checkbox"/> Hand Written Pages/Typed Pages (\$2.00/page double spaced \$4.00/page single spaced)**<input type="checkbox"/> One-on-One Transcription (interviews) (\$18.00/hour)<input type="checkbox"/> Medical Transcription Services (\$20.00/hour)<input type="checkbox"/> Multiple Speaker Transcription Services (\$25.00/hour)<input type="checkbox"/> Word Processing/Typing (\$18.00/hour)<input type="checkbox"/> Resume (\$20.00/page)<input type="checkbox"/> Other: (call for quote)	<u>Payment Method (check one):</u> <ul style="list-style-type: none"><input type="checkbox"/> Business Check<input type="checkbox"/> Money Order<input type="checkbox"/> Cashier's Check <p style="font-size: small;">*There are no refunds for <u>completed</u> services under any circumstances</p>
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<u>Delivery Time (check one):</u> <ul style="list-style-type: none"><input type="checkbox"/> Standard (3-5 business days)*<input type="checkbox"/> Saturday Service (35% surcharge)*<input type="checkbox"/> Rush Service (1-2 business days) (25% surcharge)	<u>Delivery Method (check one)***:</u> <ul style="list-style-type: none"><input type="checkbox"/> E-mail (specify Word or WordPerfect format)<input type="checkbox"/> Fax _____ (charges will apply)<input type="checkbox"/> US Mail (postage charge will apply)
Date for Completion****: _____ (as agreed)	

<u>Additional Services (check all that apply):</u> <ul style="list-style-type: none"><input type="checkbox"/> Diskette or CD with Data (\$2.00 per disk)<input type="checkbox"/> Additional Hardcopies (\$0.25 per page)
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Please give detailed instructions below on the type of service you require

*Delivery time is dependent upon size of project.

***The customer is responsible for all shipping fees.

**** Payment is due IMMEDIATELY upon delivery of the completed document.

BY SIGNING THIS PROJECT REQUEST FORM, YOU ARE AGREEING THAT YOU HAVE READ THE TERMS AND CONDITIONS AND YOU AGREE TO ABIDE BY THE TERMS OF THAT DOCUMENT.

PRINT NAME

SIGNATURE

COMPANY NAME (IF APPLICABLE)

DATE