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Date:  
Name Of Firm Placing Order

Knox File No.:

Ordered By:

Attorney:

Your Client  
File No.:

Phone:

Knox  
Acct.

How many copies  
do you need?

Time and  
Date Needed

Job Description / Case Name

**Copying**

- All 8.5" x 11"
- All 8.5" x 14"
- 1 Sided to 1 Sided
- 2 Sided to 2 Sided
- 1 Sided to 2 Sided
- All 11" x 17"
- Size For Size  
(8.5 x 11 min.)
- 2 Sided to 1 Sided
- Copy Tagged/Clipped Docs

**Color Copies**

- Copy Color In:  Color  Black & White
- Enlarge To:  Reduce To:
- Put Photos Per Page

**Photographs Reproduced**

- Color  Black & White
- Neg. to Print  Print to Print  Print to Neg.
- Number of Reprints  Size

**Finishing**

- |                              |                                 |   |
|------------------------------|---------------------------------|---|
| Staple                       | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals        |
| Clip                         | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals        |
| Rubberband                   | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals        |
| 3-Hole Drill                 | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals        |
| 2-Hole Drill                 | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals        |
| Acco Bind                    | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals        |
| Velo Bind                    | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals        |
| Comb Bind                    | <input type="checkbox"/> Copies | <input type="checkbox"/> Originals        |
| Clear Covers                 | <input type="checkbox"/> Front  | <input type="checkbox"/> Back             |
| Black Vinyl Covers           | <input type="checkbox"/> Front  | <input type="checkbox"/> Back             |
| Cardstock Covers             | <input type="checkbox"/> Front  | <input type="checkbox"/> Back _____ Color |
| Bind Copies Same As Original | <input type="checkbox"/> Yes    | <input type="checkbox"/> No               |

**Special Instructions**

**Tabbing**

- Tab Same As Originals  Copy Tabs  Slipsheet For Tabs

**Post - its**

- Remove & Replace  Copy

**Pagination**

- Bate Label:  Originals  Copies
- Starting Number
- Prefix Suffix
- Add'l Comments:

**Large Format / Oversize**

- B & W  Digital Color
- B & W - Size For Size
- Reduce To:  8.5" x 11"  11" x 17"
- 8.5" x 14"
- Enlarge to:  18" x 24"  36" x 48"
- 24" x 36"
- Mounted  Lamination  B & W - Hi-Lite
- Print from disk  B & W  Color
- Imaging - Scan to disk  Need disks
- Digital Design Work Needed

**Bill Copies To/Approved Direct Insurance Billing**

Carrier Name

Or Firm:

Address:

City, State, Zip:

Adjuster

Or Attorney:

Insured

Or Client:

Claim Number

Or File:

Date Of Loss: