

iDepo Reporters Transcript Order Form

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E-Mail: _____ Special Instructions: _____

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Signature **Date**

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Condensed:	Yes / No	→ Electronic/Hard	Check for ALL VOLUMES: <input type="checkbox"/>

x _____ / _____ / _____
Signature **Date**

Terms and Conditions: I understand that if I am not a regular client of iDepo Reporters or do not have an established credit history, I may be requested to remit payment on a COD basis. I agree that my order cannot be cancelled after the transcript has been produced or the service has been provided. I acknowledge that my firm and I are jointly and severally liable for payment of charges resulting from my transcript order. I understand that payment is due upon receipt. Invoices not paid in (30) days shall accrue interest at the rate of 1.5% per month. iDepo Reporters reserves the right to recover all costs and expenses incurred in collecting such amounts, including but not limited to reasonable attorney's fees. *I understand when receiving a rough draft, a final certified copy must be ordered. I agree to the terms and conditions listed above.