

PRODUCTION REQUEST FORM

DATE _____ ORDER FILLED BY _____

CUSTOMER _____

COMPANY _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

EMAIL ADDRESS _____

INFORMATION REQUESTED: _____

	Charges	
<u>Item</u>	<u>Quantity</u>	<u>Cost</u>
Copies @ \$0.25 per page	_____	_____
Megs @ \$2.50 per meg	_____	_____
Fax Copies	_____	_____
E-Mail Copies	_____	_____
Research @ \$9.00 per hour	_____	_____
Postage	_____	_____
Total		_____

We Do not bill less than a Dollar + Transmission cost

Customer PickUp Cash Check Preapproved Charge/Billed