

**TRANSCRIPT PURCHASE ORDER**

ATTENTION: \_\_\_\_\_

The following must be signed and returned IMMEDIATELY via email: [ers@executivereporting.com](mailto:ers@executivereporting.com) or via Fax: 727-822-5458, to Executive Reporting Service to begin timely processing.

Date Ordered: \_\_\_\_\_  On Job Date  Back Ordered

Case Name: \_\_\_\_\_ Date of proceedings: \_\_\_\_\_

Witness(es) or Proceeding: \_\_\_\_\_

Requesting Attorney, Firm and Delivery Address: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

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Email: \_\_\_\_\_

**The undersigned requests the following services and agrees to pay for the items checked and/or circled below:**

- Original  O + 1 transcript  Certified copy transcript (Requires that original has already been ordered.)

**Format:**

- Hard Copy**- Hard copy includes complimentary condensed transcript, word index  
 **Electronic \*\*\*\***  **Electronic ONLY\*\*\*\*** (Choose Format below)  
 Electronic Version:  E-TRANSCRIPT (ptx file)  PDF  ASCII (txt file)  On CD

\*\*\*\* VERY IMPORTANT - E-MAIL ADDRESS: \_\_\_\_\_

- Video copy** (Choose format below)  
 DVD  DVD - Mpeg  Synchronized text with video

- Exhibits Only**  **No Exhibits**

- Other** (please specify) \_\_\_\_\_

**Needed by:**  Standard delivery 10 business days \_\_\_\_\_  Expedited delivery for receipt on \_\_\_\_\_

Expedite Fees: Same Day Delivery: Additional 110% of Original,	4 (Business) Day Delivery: Additional 70% of Original
Next (Business) Day Delivery: Additional 100% of Original	5 (Business) Day Delivery: Additional 60% of Original
2 (Business) Day Delivery: Additional 90% of Original	6 (Business) Day Delivery: Additional 50% of Original
3 (Business) Day Delivery: Additional 80% of Original	

FedEx Account No: \_\_\_\_\_

**TERMS: An estimate of cost of services may be obtained, and is only, an estimate. Actual cost will be invoiced upon completion. INVOICE FOR SERVICES DUE AND PAYABLE UPON RECEIPT OF WORK. FAILURE TO MAKE PAYMENT WITHIN 30 DAYS, YOU WILL INCUR INTEREST AT 1.5% PER MONTH AND COSTS FOR COLLECTION OF THE DEBT INCLUDING ATTORNEY'S FEES. The state court located in Pinellas County, Florida, shall have exclusive jurisdiction to enforce this document. It is agreed that both attorney attending the deposition and placing the order as well as the firm which the attorney works are personally responsible for the payment in full.**

X \_\_\_\_\_  
**Signature of Attorney of Record or Authorized Agent of Firm**

\_\_\_\_\_  
**Print or Type name**

\_\_\_\_\_  
**Date signed**