

JOHNSON ADMINISTRATIVE & TRANSCRIPTION SERVICES OF RICHMOND
D/B/A JATS OF RICHMOND

WORK ORDER FORM

Order Instructions:

Upon completing and signing this form, fax to: (804) 518-4975 or e-mail:
administrator@jatsofrichmond.net

Name _____

Title _____

Firm _____

Address _____

Phone _____ Fax _____ E-mail _____

Signature: _____

Type of Service Requested: (Please be as specific as possible)

- | | |
|---|---|
| <input type="checkbox"/> General Word Processing | <input type="checkbox"/> Legal Word Processing |
| <input type="checkbox"/> General Transcription | <input type="checkbox"/> Legal Transcription |
| <input type="checkbox"/> Database Setup/Maintenance | <input type="checkbox"/> Customer Billing Service |
| <input type="checkbox"/> Form Creation | <input type="checkbox"/> Group Home Setup |
| <input type="checkbox"/> Flyer/Brochure | <input type="checkbox"/> Label Setup |
| <input type="checkbox"/> Notary Service | <input type="checkbox"/> Broker Price Opinion |
| <input type="checkbox"/> Deposition/Witness Statement | <input type="checkbox"/> Letters/Memos |
| <input type="checkbox"/> Legal Research | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Request On-site Service | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> Medical Transcription | <input type="checkbox"/> Letter from Santa |

Other _____

Date & Time of Request: ____/____/____

Work To Be Submitted on Which Type of Format:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> WAV Format | <input type="checkbox"/> Minicassette | <input type="checkbox"/> Microcassette |
| <input type="checkbox"/> Standard Cassette | <input type="checkbox"/> CD/DVD | <input type="checkbox"/> WAV Format |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Email | <input type="checkbox"/> Straighttalk (phone in) |

Please check the appropriate box

- Rush (within 24 hours) Expedited Rush (less than 24 hours)
 Regular (3-5 days) *Edits requested by customer will add to delivery time.
 Regular (5-14 days) Please allow up to 14 days for work which will be delivered via mail.

PO Box 3232
PETERSBURG, VA 23805
804-767-9258 ** 804-518-4975 (FAX)

CAROL JOHNSON
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WWW.JATSOFRICHMOND.NET