

Image Preserver Document Scan Order Work Sheet  
Spring, TX 77388 -- 281-350-1710

<b>Customer Information:</b>	Phone: (    )	EMail:
Name:		
Address:	City:	ST:                  Zip:
<b>Order Special Instructions:</b>		<b>ORDER#:</b> _____

<p><b>Original Materials Inventory:</b></p> <p><b>Documents:</b></p> <p>Count: _____ <input type="checkbox"/> 5 1/2" x 8 1/2" Sides: <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Count: _____ <input type="checkbox"/> 8 1/2" x 11" Sides: <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Count: _____ <input type="checkbox"/> 8 1/2" x 14" Sides: <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Count: _____ <input type="checkbox"/> _____ size Sides: <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Count: _____ <input type="checkbox"/> _____ size Sides: <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Count: _____ <input type="checkbox"/> _____ size Sides: <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><b>Packaging:</b></p> <p><input type="checkbox"/> In folders   <input type="checkbox"/> In Boxes   <input type="checkbox"/> Stapled</p> <p><input type="checkbox"/> Envelopes   <input type="checkbox"/> Paperclip   <input type="checkbox"/> Other: _____</p> <p>_____</p> <p><b>Other notes:</b></p>	<p><b>Scanning Services Pricing:</b></p> <p>___ Basic @ 0.75 each                  = \$ _____</p> <p>___ Premium @ 1.50 each              = \$ _____</p> <p><b>Scanning Services Subtotal:</b>      = \$ _____</p> <p><b>Additional Services Pricing:</b></p> <p><b>Email/Website Resolution:</b></p> <p>___ Images @ 0.10 each =              \$ _____</p> <p><b>Additional CD:</b></p> <p>___ CDs @ \$ 2.50 each =              \$ _____</p> <p><b>Additional DVD:</b></p> <p>___ DVDs @ \$ 5.00 each =            \$ _____</p> <p><b>Extra Services Subtotal:</b>              \$ _____</p>
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<p><b>Scheduling Information:</b></p> <p>Customer Order Contact: _____ / ____ / ____</p> <p>Contact by:                    <input type="checkbox"/> rtn   <input type="checkbox"/> rjnjr</p> <p>Start Date:                    _____ / ____ / ____</p> <p>Estimated Ship Date:        _____ / ____ / ____</p> <p>Actual Ship Date:            _____ / ____ / ____</p> <p>Carrier: _____</p> <p>Tracking Number: _____</p> <p>Shipped by:                    <input type="checkbox"/> rtn   <input type="checkbox"/> rjnjr</p> <p>Estimated Delivery date:     _____ / ____ / ____</p> <p><b>RUSH ORDER:</b>              <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Drop Dead Date:              _____ / ____ / ____</p>	<p><b>Scanning:</b>                    \$ _____</p> <p><b>Additional:</b>                  \$ _____</p> <p><b>Subtotal:</b>                    \$ _____</p> <p><b>Rush Order Premium</b>        \$ _____</p> <p><b>Sales Tax (TX only)</b>        \$ _____</p> <p><b>Subtotal:</b>                    \$ _____</p> <p><b>Shipping:</b>                    \$ _____</p> <p><b>Grand Total:</b>                \$ _____</p>
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<b>Payment Information:</b> PayPal address: _____	<input type="checkbox"/> Billed	<input type="checkbox"/> Paid
Check <input type="checkbox"/> Check# _____	Date received: _____ / ____ / ____	Date Cleared: _____ / ____ / ____