

Hudson Reporting & Video, Inc.

Bankruptcy Division
212-273-9911 or 800-310-1769

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www.hudsonreporting.com

ORDER FORM

Order Instructions:

Upon completing and signing this form, fax it to 212-273-9915.
Please be advised that Reporters cannot accept order forms.

Orders received after 5:00 P.M. will be processed the following business day.
Call 212-273-9911 for more information.

Name _____

Firm _____

Address _____

Phone _____ Fax _____ E-mail _____

Matter _____

Date of Matter _____ Judge _____

Please check the appropriate boxes

- | | |
|---|--|
| <input type="checkbox"/> Daily (next day) \$ 5.50 per page (Original) | <input type="checkbox"/> Copy \$ 1.10 per page |
| <input type="checkbox"/> Expedited (7 days) \$ 4.40 per page (Original) | <input type="checkbox"/> Copy \$.83 per page |
| <input type="checkbox"/> Regular (30 days) \$ 3.30 per page (Original) | <input type="checkbox"/> Copy \$.83 per page |
| <input type="checkbox"/> Condensed | <input type="checkbox"/> E-Transcript floppy |
| <input type="checkbox"/> ASCII | <input type="checkbox"/> E-mail |

I, the undersigned, agree to pay for said order within thirty (30) days of receipt of the order.

I also understand that failure to pay within the 30-day period shall result in late charges being accrued at a monthly rate of 1.5 percent.

Name _____

Signature _____ Date _____

For office use		
Received	Due	
Reporter	Scopist	
Comments		