



CAB Reporting, Inc.

A Professional Court Reporting Agency
CAB Reporting, Inc.
P O Box 1684
Ocala, FL 34478
Phone (352) 401-0080 Fax (352) 620-8819

Transcript Order Form

Fax back to (352) 620-8819 or e-mail to dawn@cabreporting.com

Resource			
Job No.		Scheduled Date	
Job Date		Job Time	
Witness Name		Case Style	
Contact		Ordering Atty	

If for any reason you wish to cancel the order for the transcript as mentioned above, you must notify CAB Reporting, Inc. in writing via fax or e-mail within 24 hours, requesting that CAB Reporting, Inc. stop production of said transcript.

In the event of an expedite, if you cancel an order and the court reporter has begun or completed the transcription, you will be charged for the portion of the transcript that has already been completed.

Our standard completion time frame is 10 business days from the date this signed order form is received by CAB Reporting, Inc.

Terms: Payable upon receipt. Accounts 90 days past due will incur late fees and a finance charge of 1.5% per month. Accounts unpaid after 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments or refunds will be made after 90 days. In the event of nonpayment of this transcript order, we agree to pay a reasonable attorney fee, and if suit is filed, we agree that the venue is in Marion County, Florida.

I, _____ agree to be responsible for payment of the production of this transcript.
(Name)

(Signature)

(Date)

Requested Services

Original & Full-Sized Transcript Copy (O & 1)	YES	NO
Full-Sized Transcript (Copy)	YES	NO
Original + Condensed (Condensed Replaces Full-Sized Transcript Copy)	YES	NO
Additional Condensed (In Addition to Original & Full-Sized Transcript Copy)	YES	NO
Transcript Via E-Mail (E-tran Summation PDF ASCII TXT)	YES	NO
Index	YES	NO
Rough Transcript	YES	NO
Disk (E-tran Summation PDF ASCII TXT)	YES	NO

Additional Notes or Requests

Requested Receipt Date _____ Standard 10 Business Days YES NO

Estimate Request: Number of Pages _____ Estimated Total: \$ _____