

**CAB Reporting, Inc. – Transcript Order Form**

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www.cabreporting.com

Assistant/Secretary's Name \_\_\_\_\_

Attorney's Name \_\_\_\_\_ Firm Name \_\_\_\_\_

Attorney's Phone \_\_\_\_\_

Date Taken \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Type: DEPOSITION VIDEO DEPOSITION HEARING TRIAL EUO IME MEETING

Case Style \_\_\_\_\_

Deponent/Witness/Judge \_\_\_\_\_

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.

O & 1 Copy Condensed Copy ASCII (E-mail address \_\_\_\_\_) E-tran / PDF

Standard Delivery or Requested Date of Delivery \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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.

**CAB Reporting, Inc. Office Use Only**

Reporter's Name \_\_\_\_\_ Estimated Pages \_\_\_\_\_

Job Number \_\_\_\_\_ Notified Date \_\_\_\_\_