

# SCANDOC IMAGING, INC.

500 SUPERIOR AVE., SUITE 320 • NEWPORT BEACH, CA 92663 • TEL: (949)650-9595 • FAX: (949)650-9594

REAL ESTATE       ESCROW       RUSH @ \$45.00+      ORDER DATE: \_\_\_\_\_  
 MORTGAGE      DUE DATE: \_\_\_\_\_

## TRANSACTION FILE INFORMATION

CLIENT NAME: \_\_\_\_\_ FILE NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUITE OR NO: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

## REQUESTOR INFORMATION

REQUEST BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUITE OR NO: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

## PICK UP LOCATION

OFFICE CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUITE OR NO: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CROSS STREETS: \_\_\_\_\_

## SCAN, ARCHIVE & CD CREATION INFORMATION

- |  |  |
|--|--|
| <input type="checkbox"/> COMPANY CD & CLIENT CD (\$95.00)  | <input type="checkbox"/> RETURN ORIGINAL FILE                    |
| <input type="checkbox"/> COMPANY CD ONLY (\$90.00)   | <input type="checkbox"/> SHRED FILE (Certificate of Destruction) |
| <input type="checkbox"/> ADDITIONAL CD (\$5.00)  | <input type="checkbox"/> MAIL ALL CDS TO OFFICE ONLY             |
| <input type="checkbox"/> USE CUSTOM TEMPLATE (\$29.99 one time set up)<br>(must provide logo/photo/info) | <input type="checkbox"/> MAIL EACH CD TO OFFICE & CLIENT         |
| <input type="checkbox"/> STANDARD TEMPLATE (name/company name/phone/address)                             | <input type="checkbox"/> ADDL.HARD COPIES OF FILE (.45/page)     |

## BILLING INFORMATION

- |   |   |
|---|---|
| <input type="checkbox"/> INVOICE TO REQUESTOR   | <input type="checkbox"/> PAY BY CREDIT CARD   |
| <input type="checkbox"/> INVOICE TO<br>NAME: _____<br>ADDRESS: _____<br>CITY: _____ ST.: _____ ZIP: _____<br>PHONE: _____ | <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER<br>NAME: _____<br>CARD NUMBER: _____<br>3 DIGIT # BACK OF CARD: _____<br>EXP DATE: _____<br>(authorization signature form will be faxed or emailed) |

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By sending this order, I/We herewith authorize Scandoc Imaging, Inc. to act as my/our representative for the purpose of procuring/transferring all file documents in accordance with the directives contained in this order form. The party ordering these file documents to be procured/transferred accepts responsibility for the cost of obtaining and transferring said file documents. In the event a third party is billed, the ordering party/company is held responsible until payment is received. The ordering party will be held liable for all costs associated with the collections of this order.