

SF: _____

TTS USE ONLY

Job# _____

Int. _____



210 N. Pass Ave., Suite 206
Burbank, Ca. 91505
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Email: info@transcriptionstudio.com

Service Order Form

Client Information

Company: _____ Contact Name: _____

Project/Show: _____ Contact Phone: _____

Email: _____ alt Email: _____

Address: _____

How did you hear about us? Referral Convention Sign Website Websearch _____

Billing Information

Company: _____ Contact Name: _____

Project/Show: _____ Contact Phone: _____

PO #: _____ Email: _____

Address: _____

On Account Credit Card (type _____ / No. _____)

Sec Code _____ Exp. ____/____/____ Name on Card _____

Corporate Personal

MEDIA INFORMATION			TRANSCRIPT INFORMATION	
Digital Audio #	Digital Video #	Physical Media #	Project Instructions	
<input type="checkbox"/> .mp3	<input type="checkbox"/> .wmv	<input type="checkbox"/> DVD <input type="checkbox"/> VHS	Log Time Code/BITC	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> .wav	<input type="checkbox"/> .mp4	<input type="checkbox"/> S-VHS <input type="checkbox"/> mini DV	Log B-Roll	<input type="checkbox"/> yes <input type="checkbox"/> no
Number of files:		<input type="checkbox"/> CD	Verbatim	<input type="checkbox"/> clean <input type="checkbox"/> literal
Total Minutes:		<input type="checkbox"/> Standard Audio Cassette	Character List	<input type="checkbox"/> yes <input type="checkbox"/> no

Minutes are calculated by rounding off to next highest minute of each media file.

Cost is based on total minutes on the media file provided by the client.

PROJECT INFORMATION				RATE QUOTE
<input type="checkbox"/> Transcription	Style:	Type:	Add-on:	
<input type="checkbox"/> Translation <input type="checkbox"/> General <input type="checkbox"/> Technical	From:	<input type="checkbox"/> Media to Text <input type="checkbox"/> Text to Text <input type="checkbox"/> Caption <input type="checkbox"/> Subtitle	Word Count: (Counted from original language and cannot be determined before project completion)	
<input type="checkbox"/> Caption	<input type="checkbox"/> Roll-up	<input type="checkbox"/> Pop-up	Language:	
<input type="checkbox"/> Subtitle			Language:	
<input type="checkbox"/> Turn around Time	<input type="checkbox"/> Rush/1day <input type="checkbox"/> 3-5 day <input type="checkbox"/> Other _____			
Office use only:	<input type="checkbox"/> 15MM <input type="checkbox"/> DD <input type="checkbox"/> QD <input type="checkbox"/> OTHER _____		INITIALS _____	
Notes:				

All rates are based on to style, type, volume and scheduled turn around time, **Quotes are good for 10 days**

All orders are pre-scheduled and subject to our availability.

Media Delivery ____/____/____ **Time:** ____ **Transcript Delivery** ____/____/____ **Time:** ____

Deadlines are based on drop off time by 1200 noon, Mon-Fri. A drop off box is provided for after hour's delivery. Drop off without notice cannot have a guarantee of turnaround time. Over 10 hours of media at one time- transcripts will be delivered in 5-6 hour increments on first day and again on consecutive business days thereafter

Return of Physical Media

Will Call Delivery Service FedEx (acct.#) _____ To Company Address Recycle

(If nothing is specified or "Will Call" is checked, media will be held for 30 days then recycled.)

Client Signature

_____/_____/_____
Date