



# SERVICE ORDER FORM

Please return the completed form via e-mail. **All fields in bold typeface are required.** Thanks.

## Customer Information

(All information provided in this section must be valid, or your request will be ignored. Write "N/A," if necessary.)

<b>First Name:</b>		<b>Last Name:</b>	
<b>Company Name:</b>			
<b>Billing Address:</b>	<i>Street Address</i>		
	<i>City, Province/State</i>	<i>Postal/ZIP Code</i>	<i>Country</i>
<b>E-mail Address:</b>			
<b>Mobile Phone Number:</b>		<b>Work Phone Number:</b>	<i>ext.</i>
<b>Instant Messaging:</b>	User ID: _____ <input type="checkbox"/> FaceTime/iMessage <input type="checkbox"/> Skype <input type="checkbox"/> Google Talk <input type="checkbox"/> BlackBerry Messenger <input type="checkbox"/> Other – Please Specify: _____		
<b>Business Type:</b>	<input type="checkbox"/> <b>Sole Proprietorship</b> <input type="checkbox"/> <b>Corporation</b> <input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Other – Please Specify:</b> _____		

## Job Information

(All fields are required. Write "N/A," if necessary.)

<b>Required Services:</b> (Check all that apply)	<input type="checkbox"/> <b>Content/substantive editing</b> <input type="checkbox"/> <b>Stylistic editing</b> <input type="checkbox"/> <b>Copy editing</b> <input type="checkbox"/> <b>Fact checking</b>	<input type="checkbox"/> <b>Rewriting</b> <input type="checkbox"/> <b>Proofreading</b> <input type="checkbox"/> <b>Ghostwriting/writing</b>
<b>Document Type:</b>		
<b>Document Title:</b>		
<b>Approximate Word Count:</b>	<b>Approximate Page Count:</b>	<b>Approximate Document Count:</b>
<b>Requested Turnaround:</b>	<input type="checkbox"/> <b>Hours</b> <input type="checkbox"/> <b>Days</b> <input type="checkbox"/> <b>Weeks</b> <input type="checkbox"/> <b>Months</b>	<b>Budget:</b>

## Billing & Payment Terms

A 50% deposit is required for all order requests. The balance will be billed at the completion of the job. Net amount is due 30 days after the invoice date. Overdue balances will be charged 1% interest per month. Please select your preferred payment method.

**Cash**
 **Cheque**
 **PayPal (recommended)**  
 (Please make the cheque payable to Janice Salvame.)

## Order Request Authorized by

<b>Company Name</b>	<b>Name &amp; Signature</b>	<b>Title</b>	<b>Date</b>