

The RAS Share Plan Order Form

Please complete this form and attach it to the top of the documents you wish to have digitized into PDF format.

1. Do you want the scanned images to be "captured" (made searchable) using Adobe Acrobat software? (check one)

Yes No

2. Do you want the scanned images to be bates numbered?* (check one)

Yes No

* If you would like static text included with the bates number, please print or type the text below in this box. (i.e., "Doe v. Doe 23")

3. Complete a box below for each individual to be billed a share of the scan fee.

Sharing Client No. 1

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Online Accessibility Desired: Yes No If Yes, How long do you wish to have online access:

Signature ("by permission" accepted) _____ Date _____

Sharing Client No. 2

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Online Accessibility Desired: Yes No If Yes, How long do you wish to have online access:

Signature ("by permission" accepted) _____ Date _____

Sharing Client No. 3

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Online Accessibility Desired: Yes No If Yes, How long do you wish to have online access:

Signature ("by permission" accepted) _____ Date _____

Sharing Client No. 4

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Online Accessibility Desired: Yes No If Yes, How long do you wish to have online access:

Signature ("by permission" accepted) _____ Date _____

Sharing Client No. 5

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Online Accessibility Desired: Yes No If Yes, How long do you wish to have online access:

Signature ("by permission" accepted) _____ Date _____

Sharing Client No. 6

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Online Accessibility Desired: Yes No If Yes, How long do you wish to have online access:

Signature ("by permission" accepted) _____ Date _____

*use multiple forms if necessary

Return this form to: RAS, Inc.; P.O. Box 908; Knoxville, TN 37901
or email it to service@rastn.com