



# DOCUMENT STORAGE & SHREDDING, LLC.



Secured Storage 24/7

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## REQUEST FOR NEW RECORD STORAGE BOX'S

Date:					for office use only
Company Name:					Entered: _____
Department Name:			Dr. Name:		
Requested By:					Follow-up: _____
Delivery Address:				Deliver to customer's facility	By: _____
Suite / Room #:				Customer picks-up at A-1's office	#: _____
Email:					
Phone:		Fax:			RUSH (Add'l Charges Apply)
Requested Pick-up / Delivery Date (s):		Hrs. Available:		Lunch Hr:	

**Note:** Barcodes come in quantities of 14 per sheet. If you need less or more than 1 sheet of barcodes, you will be expected to keep the unused barcodes for future use; THEY ARE ASSIGNED TO YOU and cannot be used anywhere else.

	Quantity
1 . Number of barcodes needed:	
2 . Number of box's needed:	
3 . Special Order box's (specify)*	
4 . Special Order box's (specify)*	

**\* Availability / Receipt of Special Ordered Box's will depend on vendors supply**

Specific requirements:
