A-1 DOCUMENT STORAGE & SHREDDING, LLC.
Secured Storage 24/7

Ph. (573) 364-2100 / Fax (573) 364-8359 / everyone@a1moving.net

REQUEST FOR NEW CONTAINER INPUT INTO STORAGE

Date:				for office use only
Company Name:				**Entered:**
Department Name:		**Dr. Name:**		
Requested By:				**Follow-up:**
Pick-up Address:		☐	**P/U @ customer's facility**	**By:**
Suite / Room #:		☐	**Customer delivers to w/h dock**	**#:**
Email:				
Phone:		**Fax:**	☐	**RUSH** (Add'l Charges Apply)
Requested Pick-up / Delivery Date (s):		**Hours Available:**		**Lunch Hr:**

Containers Barcode Number	Containers Barcode Number	Containers Barcode Number

Specific requirements:

X _____ **Released by** **Date**

X _____ **Pick-up / Received by** **Date**