



DOCUMENT STORAGE & SHREDDING, LLC.



Secured Storage 24/7

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

REQUEST FOR SHRED SERVICES

Date:		Select applicable service (s)		for office use only
Company Name:			P/U from customer's facility	Entered: _____
Department Name:			Dock pick-up	Follow-up: _____
Requested By:			Inside pick-up	By: _____
Pick-up Address:			Which floor	#: _____
Suite / Room #:			Elevator / Stairs	
Email:			Customer drops-off at A-1's WHS	
Phone:		Fax:		RUSH (Add'l Charges Apply)
Requested Pick-up / Delivery Date (s):		Hrs. Available:		Lunch Hr: _____

- Legend:**
- 1) Boxes: 1.2 cuft (File) 1.5 (Book) 2.0 (Legal)
 - 2) Bins (gallons): 35 (gal) 64 (gal) 95 (gal)
 - 3) Volume, Boxes, etc.

	Quantity	Size(s)	Notes:
1 . Number of Boxes			
2 . Number of Bins			
3 . Magazines, News papers, Books			
4 . Other Paper Products			

R - Return to A-1 (shredding, no longer needed, etc.)

C - Customer (shred bin to be used by customer)

Shred Bin Number	Notes:	Shred Bin Number	Notes:	Shred Bin Number	Notes:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Notes: _____

X _____ Date

X _____ Date

Customer: _____

A-1 Rep: _____