

To Request Shredding Services Instructions

Email or **Fax** a Request For Shred Services form (see example below) with the following information:

1. Date:
2. Company Name:
3. Department Name:
4. Requested by:
5. Pick-up Address:
Suite / Room #:
6. Email:
7. Telephone and Fax numbers:
8. Requested Drop-off / Pick-up Shred Date(s), Hours Available and Lunch Hour
9. Complete order form questions
10. List any Specific Requirements or Comments

Select Applicable Service (s)	
	P/U from customer's facility
	Dock pick-up
	Inside pick-up
	Which floor
	Elevator / Stairs
	Customer drops-off at A-1's WHS



DOCUMENT
STORAGE & SHREDDING, LLC.



Secured Storage 24/7

Ph. (573) 364-2100 /

Fax (573) 364-8359 /

everyone@a1moving.net

REQUEST FOR SHRED SERVICES

Date:	10/1/2014	Select Applicable Service (s)		for office use only
Company Name:	123 Med Center	X	P/U from customer's facility	Entered: _____
Department Name:	H.R.		Dock pick-up	Follow-up: _____
Requested By:	Jane Doe	X	Inside pick-up	By: _____
Pick-up Address:	1050 W. Center Blvd, Anytown	3	Which floor	#: _____
Suite / Room #:	H.R. suite 305	yes	Elevator / Stairs	
Email:	jdoe@123mc.com		Customer drops-off at A-1's WHS	
Phone:	(111) 555-1212	Fax:	n/a	RUSH (Add'l Charges Apply)
Requested Pick-up / Delivery Date (s):	10/3-10/14	Hrs. Available:	9 - 4:00	Lunch Hr: 11:30 - 12:30

- 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	10	1.2	
2. Number of Bins	3	64	see below
3. Magazines, News papers, Books	1		half of a 95 gal bin
4. Other Paper Products	1		2' tall stack of cardboard

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

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

Shred Bin Number	Notes:
8150627	R
8150628	R
8150629	R

Shred Bin Number	Notes:
6641578	C
6641579	C
6641580	C

Shred Bin Number	Notes:

Notes: Jane Doe and Jim Smith would like to observe shred process. We will want 3 bins to replace the returns