



DOCUMENT MANAGEMENT & DESTRUCTION

Fax: 466-9412 • Phone: 487-0176 • www.sugarhousearchives.com

Services Order Form

Company Name: \_\_\_\_\_ Account Number \_\_\_\_\_ Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do the archive items need to be: Deliver Pickup Mail or, will client pickup?

Quality to be delivered or picked up? \_\_\_\_\_

Do you need more labels? If so, how many? \_\_\_\_\_ What was your last barcode number? \_\_\_\_\_

Are the cartons to be picked up labeled? Yes No

Do you have a description of the carton contents to be entered in our system? Yes No

How soon do you need this service? \_\_\_\_\_

Pickup or delivery address: \_\_\_\_\_

\_\_\_\_\_

Contact and Phone Number: \_\_\_\_\_

Table with 4 columns: File Number or Name, Box Number, File Number or Name, Box Number. Multiple empty rows for data entry.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_