

American Archiving & Shredding

Client Name: _____ Acct #: _____

Customer Information Transmittal

Company Name: _____ Date: ____ / ____ / ____ Page ____ of ____

Container Bar Code	Alternate ID	Description	Level 2	Level 3	Date From	Date To	Destroy
Category Code	Sequence From	Sequence To			/ /	/ /	/ /
Container Bar Code	Alternate ID	Description			/ /	/ /	/ /
Category Code	Sequence From	Sequence To			/ /	/ /	/ /
Container Bar Code	Alternate ID	Description			/ /	/ /	/ /
Category Code	Sequence From	Sequence To			/ /	/ /	/ /
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