

American Archiving & Shredding
Fax Retrieval / Pickup / Supplies Request Form
Fax to (973) 867- 3654

If Can't Fax **Must** Email to Both Addresses: yourfilestorage@hotmail.com & fax@yourfilestorage.com

Account #: _____ Office Open: _____ a.m. Office Close: _____ p.m. Date: _____

Service Elevator Location: _____

Service Elevator Open: _____ a.m. Service Elevator Close: _____ p.m. Time Closed for Lunch: _____

Company Name: _____ Tel # _____

Requestor Name: _____

Email Address: _____ (Very Important-Incase of Problem)

Complete this section only if delivery address is different from account opening address.

Name _____ Telephone # _____ Ext _____

Address _____ Cross Streets _____

City _____ State _____ Zip _____

**Note: Please Order Same Day, RUSH and Emergency Service by Telephone
(973) 395-2660 (Verbal Conversation Required) and Fax**

Order Supplies: Storage Boxes _____ (multiple of 10) Barcode Labels _____ (multiple of 10)
Give us the exact number of boxes and / or barcode labels (i.e 10, 20, 30, 40)

Type of Service: Delivery Service Pickup Service Fax Service Copying Service
 Mail Service Scan Service Telephone Reference Shredding Service

Delivery Service: Delivery Date: _____
 Next Business Day (Fax must be received by **4:00 p.m.**)
 Same Day (Fax received by **10:00 a.m.**) (Surcharge) Emergency Request (Surcharge)

Prepare Customer Information Transmittal Form For New Boxes Prior To Pickup - Must Fax Forms To Us

Pickup Service: Storage: Pickup: No. of Boxes _____ No. of Files _____ Pickup Date: _____
Shredding: Pickup Shredding _____ (No. of shredding console bags) _____ (No. of boxes)

Retrieval (Delivery) Details: – This Section is Only For Delivery Requests:

Must check one box: Box Retrieval or: File Retrieval:

Box Barcode #	Filefolder #	Box or Filefolder Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions: _____