



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: _____

