

Please Print Clearly

Date	Time	Account No.	
Authorized by: Last Name		Pick Up/Delivery Address	
First Name		Addressee	
Password		Contact	
Signature (required)		Address	
Comments		Address	
		City, State, Zip Code	
Service Priority: <input type="checkbox"/> Next Day <input type="checkbox"/> Same Day <input type="checkbox"/> Rush		Phone	Fax

Pickup

<input type="checkbox"/> Containers Quantity: _____	<input type="checkbox"/> Filefolders Quantity: _____	Attention to:
Required by (date):		

Retrieval Containers

Container ID	Alternate ID	Container ID	Alternate ID
1)		6)	
2)		7)	
3)		8)	
4)		9)	
5)		10)	

Retrieval Filefolders

Container ID	Filefolder ID	Description On File / Tab
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

WRM Use Only

Entered By (CSR)	Date	Time	Workorder No.
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