



Record Storage & Management
Off-Site Data Protection
Secure Shredding
Document Imaging Solutions

DESTRUCTION AUTHORIZATION

For your security protection, and to keep our information current, please fill in as indicated and return this form to Media Services. Please retain a copy of this form for your files and advise Media Services of any changes that may occur.

Company Name: _____

Account Number: _____

Account Phone Number: _____

Authorized Representatives:

Table with 2 columns: PRINTED NAME, SIGNATURE. Multiple empty rows for entries.

In my capacity as an agent of this company I authorize Media Services, LLC to permanently remove, destroy, shred and recycle the boxes listed above or attached.

Authorized Signature, Title

Date