File Box Request

media services

MANAGING YOUR PAST • PROTECTING YOUR FUTURE

☐ MANIFEST TRANSFER LIST

☐ FILE/BOX RETRIEVAL

COMPANY ADDRESS & PHONE: _____

DATE: _____

Account No.: _____

REQUESTED BY: _____

COMPANY NAME: _____

( ) FILE RETRIEVAL ( ) BOX RETRIEVAL
( ) REFILE FILE ( ) REFILE BOX
( ) ALTERNATE

( ) RUSH-2 HR. ( ) SAME DAY-BY 5 PM ( ) NEXT DAY

PICK-UP QTY_____

BARCODE BOX #	CODE	DESCRIPTION	DATE RANGE FROM	DATE RANGE TO	SEQUENCE RANGE FROM	SEQUENCE RANGE TO	DESTROY DATE

ORDER SUPPLIES:

BOXES: TYPE_____ QTY_____ BARCODES_____

E-MAIL REQUEST TO CS@MEDIASERVICESNOW.COM
FAX YOUR REQUEST TO 816.471.5702
PHONE: 816.455.7776