

NEW BOX STORAGE TRANSMITTAL FORM

PAGE # _____

CUSTOMER NAME : _____

PICK UP ADDRESS: _____

CONTACT PERSON: _____ REQUESTED DATE: _____ ACCT. # _____

SALESPERSON _____

Fax to: 407-772-9134 or e-mail to : requests@assuredrecord.com

TR #: C000000	CUST. BOX #	BOX SIZE 1.2 1.8 2.4	DESCRIPTION: IE:DEPTS,CONTENTS,LOCATIONS	FROM DATE:	TO DATE:	DESTROY DATE:
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