

FAX REQUEST FOR SERVICE: 0845 678 1234

Today's Date ____/____/____

Requestor's Name _____ Account No _____

Delivery Address _____

Phone No. _____

	Check one
Pick-up – Return to Storage	<input type="checkbox"/>
Pick-up – New Storage	<input type="checkbox"/>
Next Day Retrieval	<input type="checkbox"/>
Same Day Rush Delivery	<input type="checkbox"/>
2 to 4 HR – Rush Retrieval	<input type="checkbox"/> <i>Please call in for Rush Retrieval Service</i>
2 HR – Rush Retrieval	<input type="checkbox"/> <i>Please call in for Rush Retrieval Service</i>

	Box Barcode No.	Department/ Cost Centre		Box Description
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**FOR EMERGENCY SERVICES
PLEASE CALL 0845 678 1234**