THE DocuTeam
Document Storage, Retrieval & Management Professionals

SERVICE REQUEST

To request a service please fax this completed form or phone your order with the following information

You fill in:
Account Name:_____

Requestor:_____

Phone:_____

We fill in:
Account Number:_____

Time of call/fax:_____

Date:_____

Containers Requested: Provide 1 or more of the 3 following fields

Your Box ID/#	DocuTeam Barcode	Keywords, Date Range, or Sequence Range (Optional)	Service*: **D**=Deliver **F**=Fax **P**=Pick-up **A**=Access

Please note that all requests for pick-up or delivery must be received by:
5pm for next day 10 am delivery
12 noon for 3 pm delivery
Requests received after business hours will be processed the following business day.
The DocuTeam's office hours are: 8:00am – 5:00pm Monday through Friday

*** D=we deliver F=we fax to you P=we pick up A=we have ready for you**

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