



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

Service* :

Your Box ID/#	DocuTeam Barcode	Keywords, Date Range, or Sequence Range (Optional)	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**