

Entered into ACT: _____ Entered special pricing: _____

Entered into O'Neil: _____ Entered county pricing: _____

ARCHIVE DOCUMENT STORAGE, INC. New Customer Profile

Company Name: _____

Contact Name: _____ Best time to contact you: _____

Company address: _____

How did you hear of our organization?: _____

Telephone #: _____ Fax #: _____ E-mail: _____

Is this organization tax exempt: Yes No (If so, provide a copy of the current certificate)

PICKUP/DELIVERY INFORMATION

Primary pickup/delivery address: _____

Is there on-site parking at this location? Yes No

If not, are there any special parking instructions: _____

Is there a loading dock? Yes No If so, what are the height restrictions? _____

If not, where is the best place for us to load/unload? _____

Is there a freight elevator? Yes No If so, what are its hours of operation? _____

Please list any special instructions regarding pickup/delivery: _____

Note: Please provide pickup/delivery information for all locations that may require a pickup and/or delivery

Special Pricing Yes No Indexing Yes No

County: _____