

BUSINESS RECORDS MANAGEMENT LLC

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BUSINESS RECORDS MANAGEMENT
Your Peace of Mind is Our Priority

CUSTOMER SERVICE ORDER FORM

Email this form to: custsvc@businessrecords.com

Date: _____

Company Name: _____ **Account #:** _____

Requestor: _____ **4 Digit Passcode:** _____

Phone: _____

Address 1: _____ **Floor/Suite:** _____

City: _____ **State:** _____ **Zip:** _____

RETRIEVAL REQUEST (Check One)				
<input type="checkbox"/> Delivery	<input type="checkbox"/> Rush*	<input type="checkbox"/> Fax	<input type="checkbox"/> Scan	<input type="checkbox"/> Third Party: _____
*Additional Charges Apply/Verbal Confirmation Required for RUSH				
BRM Box # / Case #	File # / Tape # (If available)	Description/Name (If requesting whole box, leave blank)		

PICKUP REQUEST (Check One)				
	New Boxes	Return Boxes	Return Files	New Files
Quantity				
Size				

NEW BOX PURCHASE		
# of Boxes	Size	Color

SUMMARY				
# Files Requested	# Files for Pick Up	# of New Boxes	# of Boxes Requested	# of Boxes for Pick Up

Signature: _____

*Deliveries and Pickups are dependant upon location.
Please contact Customer Service for your account's specific delivery cycle.*

This web form is a template for client use. If you would like a customized version, please contact BRM's Customer Service.