



FAX ORDER FORM

REQUESTOR'S FULL NAME _____

DATE OF REQUEST _____ TELE # _____

NAME OF COMPANY _____ ACCT.# _____

DELIVERY SERVICE: (SPECIFY *BARCODE OF BOX* FOR THE BOX TO BE RETRIEVED OR THE *BARCODE OF THE BOX FROM WHICH A FILE IS TO BE PULLED*)

Barcode # or Alt.Code	Filefolder Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PICKUP SERVICE: (Transmittals must accompany pickup of cartons/files)

BOXES _____(Quantity) FILEFOLDERS _____(Quantity)

SPECIAL INSTRUCTIONS:

PLEASE FAX TO: PENN RECORDS MANAGEMENT 714/549-0765