

Office Use Only

Date: _____ Type of Billing: _____ Service Charge: (please check box if applicable)
Sold to: _____ NA Code: _____ Master Group Name: _____

ADDITIONAL SERVICE REQUEST FORM

Please complete each section entirely and email or fax to: _____

Section 1: New Facility Information

Facility Name: _____ Street Address: _____
Unit: _____ City: _____ State/Province: _____
Zip/Postal Code: _____ Phone: _____ Fax: _____
Contact Name: _____ Phone: _____ Email: _____
Facility Hours: _____ Service Start Date: _____

Check if your billing and service address are the same. If not, please add your **complete** billing address in the comments field below.

Section 2: Required Service(s)

Please check all that apply and enter any additional details regarding any of the services in the comments field below, as applicable.

A. Document Destruction

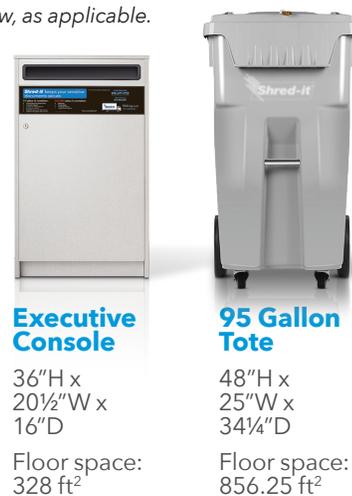
Container Type: Other: _____

Number of Containers: _____ Service Frequency:

B. Hard Drive Destruction

Number of Hard Drives: _____ Service Frequency:

C. Specialty Shred/Product Destruction (For each service enter type and frequency below)



Comments Field (Add additional billing and/or service(s) details here)

By signing below you are indicating that the above referenced facility should be added to your company's master agreement with Stericycle/Shred-it, and that services, as defined in the master agreement, should be initiated. You further warrant that the information you have provided is accurate to the best of your knowledge.

Customer Signature/Print Name: _____ Date: _____

Shred-it Representative Signature/Print Name: _____ Date: _____