

(ADS office use only)

UPON RETURN TO WAREHOUSE, THE INFORMATION ON THIS FORM MUST BE VERIFIED. ANY DISCREPANCIES MUST BE REPORTED TO THE WAREHOUSE MANAGER AND CUSTOMER IMMEDIATELY. This form was verified on (date) \_\_\_\_\_ by: \_\_\_\_\_

**ARCHIVE DOCUMENT STORAGE, INC.**

**NEW CONTAINER STORAGE FORM (BOXES ONLY)**

Account Name: \_\_\_\_\_

Department: \_\_\_\_\_

Bill to: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Prepared/submitted by: \_\_\_\_\_

ADS Box Barcode #	Description #1	Description 2	Description 3	Description 4	Date Range (From/To)	Destroy Date	Will box need to be INDEXED (Yes/No)

Note: It is always best to package and file records by record series (homogenous grouping of like records that have the same destruction date).

Total number of Boxes: \_\_\_\_\_

Total number of New Storage Forms: \_\_\_\_\_ of \_\_\_\_\_

Driver's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Customer's name (printed): \_\_\_\_\_

Customer's signature: \_\_\_\_\_

Date: \_\_\_\_\_