

WORK ORDER REQUEST FORM (888) 446-9367 FAX COMLETED FORM TO (301) 846-0279

DATE

DELIVER: _____ BARCODE LABELS

ACCOUNT #				ACCOUN	ACCOUNT NAME			
REQUEST BY				TELEPHO	TELEPHONE			
SPECIAL IN	ISTRUC	CTIONS _						
			SERV	ICE REQUES	TED			
	ELIVER	Υ D	PICKUP		☐ CUSTOMER PICK UP			
□ S.	AME D	AY 🗆	NEXT DA	.Υ □	RUSH (additional charges apply)			
BARCODE #	DEPT	BOX#	FILE#	DESCRIPTION	N (file retrievals only)	TEMP	PERM	
					V			
ICK UP:	_ NEW BOXES TO BE ADDED TO INVENTORY PURCHASE 1.2 cf BOXES							
	BOXES T	O BE RETU	JRNED TO IN	VENTORY				

FILES TO BE RETURNED TO INVENTORY