

ARCHIVE MANAGEMENT SERVICE, INC.

DATA ENTRY AUTHORIZATION

ACCOUNT INFORMATION

DATE: _____

Name:	Account #:
Address:	Dept:
City:	Contact:
State: ZIP:	Fax #:
Salesman:	Phone #:

CHOOSE ONE

FILE BY FILE

CONTAINER BY CONTAINER

CHOOSE ONE

ALPHA

NUMERIC

COMBINATION

GIVE DESCRIPTION: _____ _____

SPECIAL INSTRUCTIONS: _____ _____

CUSTOMER SIGNATURE

DATE

CUSTOMER SAMPLE