



P.O. Box 157 • Columbus, GA 31902  
(706) 317-4716

## New Client Information

**Company Name** \_\_\_\_\_

### **Billing Information**

Address _____
City _____ State _____ ZIP _____
Contact Name _____
Phone _____ Fax _____
E-mail address _____

### **Service Information**

Address _____
City _____ State _____ ZIP _____
Contact Name _____ Secondary Contact _____
Phone _____ Alternate Phone _____
Hours of Operation? _____

### **Shredding Information**

<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> One-time purge
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**How did you hear about us?** \_\_\_\_\_

Please return this form as soon as possible so that we may set up your account. No services can be performed until your account has been added. If you have any questions, please feel free to call us.

**Please fax the completed form to (706) 317-5086. No cover sheet is needed.**