



FILEMAGIC

Global Information Management Systems

SERVICE REQUEST FAX FORM

To request service, please fax this completed form back to us: **Fax no: 012 545 9602**

Date: _____

Acc no (office use) _____

Company Name:	
Delivery Address:	
Phone:	

Delivery Method:

			DELIVER
FAX BACK	SCAN / E-MAIL	PICK-UP	Regular
			Speedy
			Urgent
			Rush

Box no	RC Code	File no	RC Code
Total number of boxes		Total number of files	

Supplies:	
Files:	
Boxes:	
Accessories:	

Authorized Person: _____ (Requestor)