

MABEY'S RECORD STORAGE DIVISION

Phone (518)371-0500 Fax (518)383-6707

BOX RETURN FORM

Customer # _____ Customer Name: _____

Date: _____ Time: _____ Authorized Rep: _____

Service Type (check one): Pick Up/Drop Off At Mabey's _____ Courier Service _____

RETURNS (Mabey's office use only)

Container #: _____ Location: _____ Box Size: _____

Container #: _____ Location: _____ Box Size: _____

Container #: _____ Location: _____ Box Size: _____

Container #: _____ Location: _____ Box Size: _____

Container #: _____ Location: _____ Box Size: _____

Container #: _____ Location: _____ Box Size: _____

Container #: _____ Location: _____ Box Size: _____

NEW BOXES INTO WAREHOUSE

Size: _____ Number of Boxes: _____

Size: _____ Number of Boxes: _____

Size: _____ Number of Boxes: _____

Customer: _____ Date: _____ Time: _____

Mabey's Rep: _____ Date: _____ Time: _____

Additional Requests: