

Destruction Manifest



TO ORDER BY FAX PLEASE USE THIS FORM

Please include a phone number where you can be reached during the day. We may contact you with questions or information regarding your shipment.
For questions, please call 239.332.2800

Ship To:

Digital Data Destruction Services Inc.
3131 E. Riverside Drive ~ Fort Myers, FL ~ 33916
Tel: 239.332.2800 RMA# _____

Type of Media	Actual Qty Shipped			Type of Media	Actual Qty Shipped	
SDLT Tapes		Ea.		CD Discs		Ea.
4mm / 8mm Tapes		Ea.		DVD Discs		Ea.
Hard Drives		Ea.		Floppy Diskettes		Ea.
SSD Hard Drives		Ea.		Flash Memory		Ea.

Audit Compliance - Actually quantities and/or weight will be calculated at the receiving location. If these differ from the customer's manifest, an addendum will be developed and forwarded to the customer for reconciliation. Final quantity, weight, and pricing will be recalculated as necessary.

Ship From:

Printed Name

Daytime Phone number

Company or Organization

Email Address

Signature (Required as Confirmation of Quantity Shipped)

Ship From Address

Date

Thank You for your Business!!



Order Form

TO ORDER BY MAIL PLEASE USE THIS FORM

Please include a phone number where you can be reached during the day so we may contact you with questions or information regarding your order.

FAX ORDERS: 239-332-2808

Ship To:	
Name:	_____
Company:	_____
Address:	_____ _____
City:	_____
State:	_____ Zip: _____
Phone:	_____ Fax: _____
Email:	_____

Bill To:	
Name:	_____
Company:	_____
Address:	_____ _____
City:	_____
State:	_____ Zip: _____
Phone:	_____ Fax: _____
Email:	_____

Item#	Product Name	Product Number	QTY	Unit Price	Total Price
1	CD Optical Media				
2	DVD Optical Media				
3	HDD Media				
4	Magnetic Tape Media				
5	Floppy Disk Media				
6	Flash Media				
7	SSD Hard Drives				
8					
9					

Prices do not include shipping ~Call for Quote~

D3 Services, Inc. 3131 E. Riverside Drive Fort Myers, FL 33916 Toll Free: 1.866.662.3766	SubTotal: _____ Freight <i>Free UPS Ground for GSA</i> Tax (6.0% FL) _____ TOTAL: _____
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Payment Method:				
Check Enclosed: <input type="checkbox"/>	PO #: <input style="border: 1px dashed black;" type="text"/>			
Credit Card:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">VISA</td> <td style="width: 33%;">M.C.</td> <td style="width: 33%;">AMEX</td> </tr> </table>	VISA	M.C.	AMEX
VISA	M.C.	AMEX		
CC#:	_____			
Expiration:	_____ V-Code: _____			
Name:	_____			
Signature:	_____			

