

DISASTER RECOVERY INFORMATION SHEET

Client: _____ Acct # _____

Contact: _____ Ext # _____

Main Phone # _____ Cell Phone # _____

E-Mail: _____

2nd Contact: _____ Ext # _____

Main Phone # _____ Cell Phone # _____

E-Mail: _____

3rd Contact: _____ Ext # _____

Main Phone # _____ Cell Phone # _____

E-Mail: _____



SHIP TO: _____

ATTN: _____

Phone# _____ Cell Phone # _____

E-Mail: _____

Insured Value: \$ _____ Required Delivery Date _____



RETURN INFORMATION:

*****PLEASE CONTACT ARCHIVE WHEN YOUR DR IS COMPLETED SO THAT WE CAN
SCHEDULE THE RETURN PICKUP*****

DATE TO BE PICKED UP: _____ (IF AVAILABLE)

ARCHIVE CORPORATION 6914 ASPHALT AVENUE TAMPA, FL 33614
813 874 1577 FAX 813 875 8536