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)

FILE MAGIC P O BOX 80335 DOORNPOORT 0017
134 WANWYKSHOUD AVE GROOTVLEI
TEL: (012) 5459600 FAX: (012) 5459602 CEL: 0827070034 E-MAIL: andre@filemagic.co.za CKNR: CK1991/028715/23
WEBSITE www.filemagic.co.za