

PLEASE UPDATE CURRENT INFORMATION TO:

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Information Management Consultant
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**ACCOUNT CONTACT INFORMATION UPDATE FORM
2014-2015**

****PLEASE NOTE WE WILL BE MOVING TO A PAPERLESS INVOICE SYSTEM**

COMPANY NAME: _____

PRIMARY Contact/Title: _____ ALT Contact/Title: _____

E-mail Address: _____ ALT E-mail Address: _____

****BILLING Contact:** _____ PAPERLESS: _____ HARD COPY: _____

BILLING Email Address: _____ ATTN: _____

SERVICE Address: _____ Billing Address: _____

City/Zip Code: _____ City/Zip Code: _____

Phone: _____ Bill Phone: (if different) _____

INTEREST IN SERVICE
(CIRCLE)
DOCUMENT STORAGE
SECURE SHREDDING
DATA PROTECTION
IMAGING

SPECIAL NOTES & REQUESTS:

Thank you in advance for your valued time & cooperation, please contact me directly for any questions!

TEL: (818) 341-1333 • FAX: (818) 890-4570 • Toll Free: (888) 87-4733 (SHRED)

USEFULL E-Mail Address: helpdesk@shredsource.com • sales@shredsource.com • accounting@shredsource.com