

	_	Location of Pick	ocation of Pickup		Contact Information		
STEP 1	Company					Name	
	Address					Phone	
	Suite #					Title	
	City		ST	ZIP		Email	
	P	rick-Up Date:					
Please estimate the quantity of items you have of the following devices and/or attach a picture of the staged items to your email along with the Pickup Request Form.							
		QTY		QTY		QTY	QTY
STEP 2	PC Des	sktops	Flat Monitors		Keyboards		Hard Drives
	PC La	ptops	Printers		Mice		
	Serv	/ers	Fax Machines		Landline Phones		
	Rou	ters	Copiers		Cell Phones		
Requested By (Print):							
		Date:				_	

Please complete the form for in-suite pick-up. Please call Denise Hargrove, **(800) 399-4655**, for additional information or assistance.

