

SCANDOC IMAGING, INC.

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ARCHIVING REVIEW FOR QUOTATION:

DATE: _____

CONTACT INFORMATION

COMPANY NAME: _____ CONTACT: _____
ADDRESS: _____ SUITE OR NO: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

Please complete form and press save. Then email or fax to us to request quotation.

FILE INFORMATION

Are the documents in: file boxes or file cabinets?

If file Cabinet:

- 1) How many cabinets do you have? _____
- 2) Are they vertical or horizontal cabinets?
- 3) How many drawers does each cabinet have? _____
- 4) Can you transfer them to file boxes? yes no

If file boxes:

- 1) How many boxes do you have? _____
- 2) Are the boxes in poor, fair, good or excellent shape?
- 3) How high are they stacked? _____
- 4) Do they have lids? yes no
- 5) Is each box labeled? yes no
- 6) Is each box completely full? yes no

Are they: on site? in a storage facility? in one location? organized in folders?
 indexed on the outside of the folder?

Are the documents separated by file folders? yes no

What type of documents are going to be archived? letter size legal size invoices
 other _____

Do they have: paperclips, staples, metal clips or post it notes?

Please rate the condition of the documents from poor, fair, good and excellent

Do you need them immediately or can they scheduled out?

Do you need them back or can we have them shredded?

ADDITIONAL INFORMATION

Location of documents: First floor Upper floor with elevator Upper floor with stairs
 Storage facility Loading dock available Parking garage On site parking lot

Street parking: metered loading zone

What is the best day _____ and time _____ for Scandoc Imaging to stop by and review your archiving project?