

**Destruction Manifest**



TO ORDER BY MAIL OR ONLINE PLEASE USE THIS FORM  
 Please include a phone number where you can be reached during the day.  
 We may contact you with questions or information regarding your shipment  
**For questions, please call 239.332.2800**

**Ship To:**  
 Digital Data Destruction Services Inc.  
 3131 E. Riverside Drive ~ Fort Myers, FL ~ 33916  
 Tel: 239.332.2800 RMA#

Type of Media	Shipped	Rc'd		Type of Media	Shipped	Rc'd
Hard Disk Drives						
SSD Drives						
SDLT Tapes						
CD, DVD Blu Ray Media						

Audit Compliance - Actually quantities and/or weight will be calculated at the receiving location. If these differ from the customer's manifest, an addendum will be developed and forwarded to the customer for reconciliation. Final quantity, weight, and pricing will be recalculated as necessary.

***Ship From:***

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*Printed Name* \_\_\_\_\_ *Daytime Phone Number* \_\_\_\_\_

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*Company or Organization* \_\_\_\_\_ *Email Address* \_\_\_\_\_

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*Ship From Address* \_\_\_\_\_ *Signature (Required as Confirmation of Quantity Shipped)* \_\_\_\_\_

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\_\_\_\_\_ *Date*



Order Form

TO ORDER BY MAIL OR ONLINE PLEASE USE THIS FORM  
 Please include a phone number where you can be reached during the day so  
 we may contact you with questions or information regarding your order.  
**EMAIL [sales@cdrominc.com](mailto:sales@cdrominc.com)**

Ship To:	
Name:	_____
Company:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____
Phone:	_____ Fax: _____
Email:	_____

Bill To:	
Name:	_____
Company:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____
Phone:	_____ Fax: _____
Email:	_____

Item #	Product Name	Product Number	QTY	Unit Price	Total Price
1					\$ -
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -

<b>Prices do not include shipping ~Call for Quote~</b>	
D3 Services, Inc. 3131 E. Riverside Drive Fort Myers, FL 33916 Tel. 239-332-2800	SubTotal: \$ -
	Freight: _____ <small>Free UPS Ground for GSA</small>
	Tax (6.5% FL) \$ -
	<b>TOTAL: \$ -</b>

Payment Method:			
Check Enclosed:	<input type="checkbox"/>	PO # :	
Credit Card:	<input type="checkbox"/> VISA <input type="checkbox"/> M.C. <input type="checkbox"/> AMEX		
CC# :	_____		
Expiration:	_____		
Name:	_____		
Signature:	_____		

