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| --- | --- |
| Quote #: | Batch #: |
| Date: | Acct Rep: |

ITAD Request Form

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| Name: Click or tap here to enter text. | Title: Click or tap here to enter text. | |
| Company: Click or tap here to enter text. | Email: Click or tap here to enter text. | |
| Phone: Click or tap here to enter text. | Mobile: Click or tap here to enter text. | |
| Do you have an account with us? Yes  No | Requested pickup date: Click or tap to enter a date. | |
| If yes, what is your account #? Click or tap here to enter text. | Requested pickup time: Click or tap to enter a date. | |
| Department: Click or tap here to enter text.   PO #: Click or tap here to enter text. | Please provide your Credit Card #: Click or tap here to enter text. EXP date: Click or tap here to enter text. | |
| Equipment to be removed:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Item** | **Qty** | **Item** | **Qty** | **Item** | **Qty** | **Item** | **Qty** | | PCs |  | Servers |  | Scanners |  | Fax Equip |  | | Laptops |  | Hard Drives |  | Terminals |  | Misc (mice/keyboards) |  | | Monitors |  | Docking Stations |  | Hubs |  | Other: Click or tap here to enter text. | | | Printers |  | Port Replicators |  | Copiers |  | | | |
| Media Removal   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | QTY | Drives | Manufacturer | Type |  | QTY | Drives | Manufacturer | Type | | Click or tap here to enter text. |  | Click or tap here to enter text. |  |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |   Data Destruction? yes  no | Drives in boxes? yes  no | Boxes on pallets? yes  no | | |
| Address for pickup: Click or tap here to enter text. Does the freight company need *a Certificate of Insurance* to enter the facility? Yes  No  Is Union Labor required to enter the building? Yes  No   Are photographs allowed? Yes  No | | |
| Where is the equipment located in the building? Click or tap here to enter text.  Internal doorway size: Click or tap here to enter text. | | |
| Does the pickup location have a dock? Yes  No    What are the dock hours? Click or tap here to enter text.  Is a lift gate needed? Yes  No    Is a pallet jack available? Yes  No    Is a forklift available? Yes  No   Can hand carts be utilized to transport items to dock/truck? Yes  No | | |
| Is freight elevator use required? Yes  No    Does it require scheduling? Yes  No   Are there time limits on pickups? Yes  No ; If yes, please explain Click or tap here to enter text.  What are the elevator dimensions? Click or tap here to enter text.  What is the door clearance? Click or tap here to enter text. | | |
| Maximum size trucks this location can accommodate: Click or tap here to enter text. Where will the palletizing/shrink-wrapping be done (e.g. dock, etc.)? Click or tap here to enter text. | | |
| Additional comments: Click or tap here to enter text. | | |
| Client name (print) Click or tap here to enter text. | |  |
| Client signature/Date: Click or tap here to enter text. | |  |

\*NOTE: Standard pickups are Monday through Friday between 8:00 am and 5:00 pm local time. Additional charges may apply including cancellations within 24 hours of scheduled pickup. Prices quoted are based on asset list provided by Customer. Actual charges may vary based on quantity of assets received, condition of assets, and market supply and demand of recovered assets. Please allow 30 days from pick up date to process. Quotes valid for 30 days from Quote date. Pickups will be scheduled upon the receipt of a purchase order or signature on this form.