CUSTOMER: Please complete information below.

**Date of Service:**

**Service requested** (Check one. One form per service request):

- Place in Storage
- Freeze/Store
- Removal

- Scheduled
- Unscheduled
- Cancellation

**# Amps**

**Account Name =**

**PI / Company:**

**Name of Contact:**

**Phone:**

**Fax:**

**E-mail:**

An account and PO must be established prior to the date of service.

---

#### LOCATION

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<tr>
<th>Rack</th>
<th>Box</th>
<th>Cell I.D.</th>
<th>Pass / Color</th>
<th>Date Frozen</th>
<th>Start Position</th>
<th>End Position</th>
<th>Total Amps</th>
<th>Employee Signature</th>
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**Sales Order#**

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**Notes / Comments:**

New box or removal of old one?