

Date: _____ Sold to: _____ NA Code: N2159

State of North Carolina – STC962B SERVICE REQUEST FORM

Please complete each section entirely and email or fax to: Bryant.Decker@stericycle.com

Section 1: Customer Information

Customer / Department Name: _____
Contact Name: _____ Phone: _____ Email: _____
Street Address: _____
Unit: _____ City: _____ State/Province: _____
Zip/Postal Code: _____ Phone: _____ Fax: _____
Facility Hours: _____ Service Start Date: _____

Check if your billing and service address are the same. If not, please add your **complete** billing address in the comments field below.

Section 2: Required Service(s)

Please check all that apply and enter any additional details regarding any of the services in the comments field below, as applicable.

A. Document Destruction

Service Type*: Regular Service Purge ("One time cleanout")
Container Type: _____
Number of Containers: _____
Service Frequency: Weekly Every 2 Weeks Every 4 Weeks Not sure



B. Specialty Shred/Product Destruction (For each service enter type and frequency below)

Service Type*: Examples: Destruction of pill bottles, hospital wristbands, etc.

**Note: This contract does NOT include Electronic Media Destruction Services, Medical Waste & Sharps, or Universal Waste.*

Comments Field (Add additional billing and/or service(s) details here)