

CENTRAL FILES, INC.

BOX PREPARATION MANUAL

GUIDELINES TO FOLLOW BEFORE YOU BEGIN:

- 1) If box is old, please cross out any existing numbers.
- 2) Do not tape boxes shut, because this slows down our process of putting boxes away.
- 3) Boxes must have handles, and a lid that can easily be opened and closed.
- 4) Damaged boxes will not be accepted for storage. Boxes shipped to the CFI facility crushed or split will be re-boxed at your expense.

PREPARING BOXES FOR STORAGE AT CENTRAL FILES

- 1) Use only one (3-part) form per box.
- 2) Fill out the Records Center Storage Form, using the example below as a guideline. (*Please Print Clearly!!*)
- 3) When finished completing the form, retain the pink copy for your records. Then place the remaining two copies, on top of the contents, inside of the box.
- 4) Using the box number printed on the upper-right-hand corner of the form, write that number on the upper-left-hand corner, on the face and back of the box. (*Use a large permanent black marker only.*)

Box Number N: 198561									
<p>CENTRAL FILES, INC.</p> <p>Instructions: 1) Complete all information except Box Location Code. 2) Tear off last copy (pink) and retain. 3) Mark ends of box with above box number. 4) Place the remaining set in box.</p>	<p align="center">Records Center Storage Form</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p align="center">Location Code</p> <p align="center">_____</p> <p align="center"><small>To be Completed by CFI</small></p> </div>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Company Name <u>ABC CORPORATION</u></td> <td style="width: 40%;">Date <u>5-23-01</u></td> </tr> <tr> <td>Individual Completing Form <u>JOHN SMITH</u> <small>Name</small></td> <td><u>555-5555</u> <small>Phone</small></td> </tr> <tr> <td colspan="2">Department Name/Number <u>SALES</u></td> </tr> </table>		Company Name <u>ABC CORPORATION</u>	Date <u>5-23-01</u>	Individual Completing Form <u>JOHN SMITH</u> <small>Name</small>	<u>555-5555</u> <small>Phone</small>	Department Name/Number <u>SALES</u>			
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Dates Covered by Records <small>From (M/D/Y) To (M/D/Y)</small>	Description of Contents	Total Retention Years Req'd.	Destruction Date <small>(M/D/Y)</small>						
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White - CFI Input Copy Yellow - Box Copy Pink - Originator Copy									