# iScan Services, Inc.

## **OneBox Service Conditions**

#### **Box Specifications**



1. Please use standard storage box (10"H x 12" W x 15"D)

#### **Folder Packing**

- 1. Box must have a lid
- 2. Folders must not be over packed in the box. Over packing may lead to box rupture.
- 3. Folders must fit within the box. No overflow of folders is accepted.

### **Weight Limitation**

1. Box must not weigh more than 45 lbs. Our operators are not allowed to carry wrights in excess of 45 lbs.

#### ONEBOX DOCUMENTS PICKUP/DELIVERY MANIFEST

| PICKUP DATE                        |                      |              |                      | PICKUP                                 |   | DELIVERY                                 |  |
|------------------------------------|----------------------|--------------|----------------------|--|---|--|--|
| CUSTON                             | MER NAME             |              |                      |  |   |  |  |
| PICKUP LOCATION                    |                      |              | (ISCAN'S AGENT NAME) |  | (CUSTOMER AGENT NAME)                     |  |  |
| BOX#                               |                      |              |                      |  |   |  |  |
| JOB#                               |                      |              |                      | (SIGNATURE)                            |   | (SIGNATURE)                              |  |
| Folder<br>#                        |                      | Folder Label | ·                    | PICKUP Verified By (Customer Initials) | PICKUP Verified By (iScan Agent Initials) | DELIVERY Verified By (Customer initials) |  |
| 1                                  |                      |              |                      | ,                                      |   |  |  |
| 2                                  |                      |              |                      |  |   |  |  |
| 3                                  |                      |              |                      |  |   |  |  |
| 4                                  |                      |              |                      |  |   |  |  |
| 5                                  |                      |              |                      |  |   |  |  |
| 6                                  |                      |              |                      |  |   |  |  |
| 7                                  |                      |              |                      |  |   |  |  |
| 8                                  |                      |              |                      |  |   |  |  |
| 9                                  |                      |              |                      |  |   |  |  |
| 10                                 |                      |              |                      |  |   |  |  |
| 11                                 |                      |              |                      |  |   |  |  |
| 12                                 |                      |              |                      |  |   |  |  |
| For iScan                          | Use Only: QA Confirm | ation        |                      |  |   |  |  |
| iScan Pickup Facility Manager Name |                      |              | Signature            |  |   | Date                                     |  |
|                                    |                      | ı            | I                    |  |   |  |  |

iScan Services, Inc. September 7, 2007