



**Document
Destruction Services**

Please fill out the form below and fax to DDS. You may also fill out the 'Location Registration Form' indicating the service address and fax at the same time.

CLIENT REGISTRATION FORM

Contact Name

Organisation

Phone Number **Fax Number**

E-mail Address

Street Address 1

2

Suburb

State **Post Code**

Mailing Address 1

2

Suburb

State **Post Code**

Payment Mode **Cash** **Cheque** **Credit Card** **EFT**
(please circle)

Proceeding to register would imply that you have read, understood and agreed to the [Terms & Conditions](#).

Secure Paper Services Pty. Ltd, (trading as Document Destruction Services)

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