

**HARD DISK DESTRUCTION
SHIPPING FORM**



FIRST NAME _____ LAST NAME _____

ADDRESS _____

DAYTIME PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____

DRIVES ENCLOSED: _____ (\$25 PER DRIVE)

WOULD YOU LIKE THE DRIVE RETURNED (SHIPPING COSTS APPLY)

PAY BY CREDIT CARD

PAY BY BANK TRANSFER

HOW DID YOU FIND OUT ABOUT HGH SERVICES (PLEASE CIRCLE)

GOOGLE

REFERRAL

EMAIL CAMPAIGN

FLYER

WEBSITE

OTHER(PLEASE SPECIFY) _____

SEND YOUR ITEMS TO:

HGH SERVICES

ATTN: OPERATIONS DEPARTMENT(HDD)

GATE 9, 312 POSTMAN ROAD

DAIRY FLAT

AUCKLAND 0794