



TAPE ROTATION REQUIREMENTS

Form CSTR001v1.05

If you have ordered our tape rotation service, please fill out the following form in its entirety. Please either email the completed form to your sales representative or fax to (858) 427-2475 *attention: Customer Service*. If you need to make any changes to this schedule you may use this form as well and send the information to support@americanis.net. Changes may take up to 48hrs to process.

Unless otherwise noted in the comment section below and in your service contract, customers will need to supply and label all tapes.

Customer Name: _____

When would you like the tapes to be rotated?

Daily ____ Weekly ____ Other ____

Day(s): _____

Time: _____

Tape Storage - Onsite

Initial here if your tapes will be stored in your cabinet or cage ____.

Contact Person: _____

Contact Number: _____

Initial here if your tapes will be stored in our fire proof safe ____.

Contact Person: _____

Contact Number: _____

Tape Storage – Offsite

Initial here if your tapes will be stored offsite ____.

What is the name of the offsite company? _____

Contact Person: _____

Contact Number: _____

What is the schedule for the collection of your tapes by the offsite company?

Pick up day: _____

Pick up time: _____



Escalation Notification

Who do notify if there is a tape problem?

Name: _____

Number: _____

Is this a 24x7 number or just normal business hour?

Who do we notify if we need more tapes?

Name: _____

Number: _____

How will we obtain more tapes?

Who will be calling in for tape restores?

Name: _____

Number: _____

Please provide the names of those authorized to call in for tape restores:

Who will be updating contact info?

Name: _____

Number: _____

Please provide any additional information that pertains to your tape back-up requirements:

Date: _____ Signature: _____