

Section 1. CERTIFICATE DETAIL

- ☐ **Certificate of Destruction**
- ☐ **Certificate of Transfer of Custody**
- ☐ **Service Ticket**

Certificate #:

Service Date:

/ /

**I-Secure Inc.**

PO Box 2541
1235 NE 6th Street
Grants Pass, OR 97528

Phone: (541) 479-1425
Fax: (866) 646-1475
theshredcompany.com

Section 2. CUSTOMER NAME/ DEPT./ ADDRESS

Name _____ Dept. _____

Address _____

Section 3. SERVICE DETAIL

Site / Department	D-Delivered R-Retrieved S-Shredded	Boxes Std	Boxes Banker	ST/ PDC	SC	65	95	Bag Shred	Media	Note

Section 4. CERTIFICATIONS *(Check Applicable Certification)*☐ **OnSite Destruction:**

I-SECURE INC. certifies secure, on-site destruction of customer's materials as directed by Customer and as specified in Service Detail Table above. Materials are destroyed by our mobile shredding truck in accordance with industry standards for secure handling, monitoring, shred process and secure transport for recycling.

☐ **Transfer of Custody/ OffSite Destruction:**

This document certifies that I-SECURE INC. received from Customer confidential materials for off-site destruction. Customer acknowledges transfer of custody of confidential materials described above to iSecure Inc. Off-site destruction is not a NAID AAA certified process, however, iSecure Inc. guarantees secure transfer, custody and destruction of Customer confidential materials. The time and place of destruction is at the discretion of iSecure Inc. A CERTIFICATE of DESTRUCTION may be provided upon request.

CUSTOMER_____
*Print Name*_____
*Signature***I-SECURE INC. REPRESENTATIVE**_____
*Print Name*_____
Signature