

Package Shipping Form



Ship Date _____
Sender Name _____
Sender Address _____
Sender Phone # _____
Email Address _____
Bill to Account _____

Address Type: _____ Business _____ Residential
Recipient _____
Address _____
Address _____
City/ ST/ Zip _____
Country _____
Recipient's Phone # _____

SELECT PREFERRED SHIPPING SERVICE

USPS

Express (Overnight)
Priority(1-3 days)
Standard(4-9 days)
Media (books only)

FED EX

Overnight by 8 AM
Overnight by 10:30 AM
2nd Business Day
3rd Business Day
Ground (up to 6 days)

UPS

Next Day AM
Next Day Air
2nd Day
3rd Day
Ground

If you'd like us to shop the cheapest method for you, enter the date/time you need it there :

Do you need a tracking number?

_____ Yes _____ No

Do you need Insurance?

_____ Yes _____ No

If yes, Please provide value \$ _____

INTERNATIONAL PACKAGES

Please provide a detailed list of the contents of the package:

Processed By _____

Date _____