

# SHIPPING REQUEST FORM

DATE:

## PERSON REQUESTING SHIPMENT

NAME:

PHONE #:

E-MAIL:

## SHIPMENT INFORMATION

COMPANY NAME:

CONTACT NAME:

PHONE #:

E-MAIL:

ADDRESS LINE 1:

ADDRESS LINE 2: (apartment, suite, unit, floor, etc.)

ADDRESS LINE 3: (department, c/o, etc.)

CITY:

STATE:

ZIP:

## PACKAGE INFORMATION

# OF PACKAGES:

DECLARED VALUE:

SHIPMENT TYPE:

☐

Next Day Air

☐

Second Day Air

☐

Ground

SIZE (LxWxH):

WEIGHT:

BILLING:

☐

SOE

☐

Research Account

☐

Third Party #

ITEM SHIPPED:

REASON FOR SHIPMENT:

☐

Processed

Date:

Processed By: