

UPS SHIPPING FORM

DATE: _____

DEPARTMENT REQUESTING SHIPMENT: _____

INDIVIDUAL NAME: _____

CONTACT NUMBER: _____

SHIP TO / ADDRESS:

COMPANY OR NAME: _____

ATTENTION: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

ROOM / FLOOR/ ADDRESS 2: _____

DEPARTMENT / ADDRESS 3: _____

UPS SERVICE:

_____ Next Day Air Early AM Letter

_____ Next Day Air

_____ Next Day Air Saver

_____ 2nd Day Air AM

_____ 2nd Day Air

_____ 3 Day Select

_____ Ground

Package weight: _____

Height _____

Length _____

Width _____

SHIPPING OPTIONS:

- Handling Charge
- Quantum View Notify
- Return Services

PACKAGE OPTIONS:

- Additional Handling
- COD
- Dangerous Goods
- Declared Value
- Delivery Confirmation
- Quantum View Notify
- Shipper Release

MAXIMUM WEIGHT LIMIT: 150 LBS.
(UPS will not take anything over this amount).

DESCRIPTION OF ITEM IN PACKAGE:

SPECIAL INSTRUCTIONS FOR SHIPMENT:
