

# SHIPPING REQUEST FORM TEMPLATE



TODAY'S DATE	REQUESTED SHIP DATE	REQUESTED DELIVERY DATE	SHIPMENT REQUEST ID NO.

## DELIVERY INFORMATION

FROM SENDER		TO RECIPIENT		CHECK BOX IF RESIDENTIAL
NAME		NAME		
COMPANY		COMPANY		
ADDRESS		ADDRESS		
ADDRESS		ADDRESS		
CITY		CITY		
STATE	ZIP CODE	STATE	ZIP CODE	
PHONE		PHONE		
EMAIL		EMAIL		

## SHIPPING METHOD

NON-EXPEDITED SERVICES		
<input type="checkbox"/>	FedEx Ground	<input type="checkbox"/> UPS Ground <input type="checkbox"/> USPS Only option for PO Boxes

EXPRESS SERVICES	
FedEx EXPRESS	UPS EXPRESS
<input type="checkbox"/> PRIORITY OVERNIGHT next business morning	<input type="checkbox"/> NEXT DAY AIR
<input type="checkbox"/> STANDARD OVERNIGHT next business afternoon	<input type="checkbox"/> 2 DAY AIR
<input type="checkbox"/> 2 DAY	<input type="checkbox"/> 3 DAY SELECT
<input type="checkbox"/> 3 DAY EXPRESS SAVER	<b>UNITED STATES POSTAL SERVICE EXPRESS</b>
<input type="checkbox"/> SATURDAY DELIVERY	<input type="checkbox"/> USPS EXPRESS MAIL only option for PO Boxes

## INSURANCE optional

<input type="checkbox"/> NO	<input type="checkbox"/> YES   If shipment insurance added, please indicate monetary value:	
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## SPECIAL INSTRUCTIONS optional

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