

UPS Shipment Form

Domestic Shipping

Shipping Information

Receiver's Name: _____ <small>(Person, Company, Business, etc.)</small>
Address Line (1): _____
Address Line (2): _____ <small>(Apartment, Suite, Building, Floor, etc.)</small>
Address Line (3): _____ <small>(Attention, Department, C/O, etc.)</small>
City: _____ State: _____ Zip: _____

Shipping Details

Quantity: _____ <small>(Number of Packages)</small>	Declared Value: _____ <small>(Optional, Maximum of \$100)</small>
Packaging: UPS Express Box S/M/L, Other: _____ <i>If Other</i> Length: _____ Width: _____ Height: _____	
Service: Ground Next Day Air 2 Day Air <small>(Circle One)</small>	Weight: _____

Shipper Details

Your Name (Please Print Legibly): _____
Your Signature: _____ Date: _____
Email: _____ Charge To: _____

Please Note: Failure to fill out this form in its entirety could result in delayed shipment