UPS Shipment Form

Shipping Information

Receiver's Name: ________________________________
(Person, Company, Business, etc.)

Address Line (1): _______________________________

Address Line (2): _______________________________
(Apartment, Suite, Building, Floor, etc.)

Address Line (3): _______________________________
(Attention, Department, C/O, etc.)

City: ___________ State: ___________ Zip: ___________

Shipping Details

Quantity: ____________________________
(Number of Packages)

Declared Value: ____________________________
(Optional, Maximum of $100)

Packaging: UPS Express Box S/M/L, Other:

If Other: Length: _______ Width: _______ Height: _______

Service: Ground I Next Day Air I 2 Day Air

Weight: ________________________________
(Circle One)

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