



SHIPPING REQUEST FORM

TODAYS DATE _____ REQUESTED SHIP DATE _____ IN HANDS DATE _____

SHIP FROM (COMPANY NAME): _____

SHIP TO (COMPANY NAME): _____

SHIP TO ADDRESS: _____

ATTENTION NAME: _____

PHONE NUMBER: _____

IS THIS A RESIDENCE? (Circle One) YES NO

EMAIL ADDRESS FOR TRACKING NUMBER: _____

SHIPPING METHOD (select UPS or FedEx)

UPS (Circle One)

Ground / Next Day Air AM / Next Day Air / 2nd Day Air AM / 2nd Day Air / 3 Day Select

UPS # _____ Ship Via Atlas # _____ Blind Ship _____

FedEx (Circle One)

Ground / Priority Overnight / Standard Overnight / First Overnight / 2 Day / Express Saver

FedEx # _____ Ship Via Atlas # _____ Blind Ship _____

DO YOU WANT TO ADD SHIPMENT INSURANCE? YES NO (Fee will be added to invoice)

PLEASE INDICATE THE VALUE OF THE SHIPMENT. \$ _____

SPECIAL INSTRUCTIONS: _____
