

UPS Shipping Request

(Must be filled out in full)

Account Number: _____ .66210. _____ (Packages and Letters)

Third Party Billing Only: _____ (UPS Account Number)

Date _____

Department Name: _____

Contact Name: _____

Contact Phone Number: _____

Additional instructions: _____

Domestic Packages/Letters:

Please indicate one:

_____ Commercial

_____ Residential

Please indicate one:

_____ Next Day

_____ Second Day Air

_____ Third Day Select

_____ Ground Service

Must have the following information:

Name of Recipient: _____

Address of Recipient: _____

_____ Number of packages (same address)

\$ _____ Insured Value

International Packages/Letters:

Must have the following information:

Phone Number of the Recipient: _____

Name of the Recipient: _____

Address of the Recipient: _____

State Expected Delivery Date: _____ Number of packages (same address) \$ _____ Insured value

Shipping charges paid by: UNI: _____ Recipient: _____

Custom duties & taxes (when applicable) paid by: UNI: _____ Recipient: _____