

Shipping Request

SERVICE TYPE:	Overnight	Priority	Express	Ground	Freight
PURPOSE:	Commercial	Gift	Sample	Repair and Return	Personal Use

SENDER

Name: _____

Phone Number: _____

Email: _____

Budget Number: _____

SEND TO

Name: _____

Organization: _____

Address Line 1: _____

Address Line 2: _____

City, State, _____

Zip/Country: _____

Phone Number: _____

Email (Optional): _____

Size (L x W x H): _____

Weight: _____

PACKAGE DETAILS (required)

Overall Value: _____

Content Description: _____

What is it? _____

How many are there? _____

What is it made from? _____

What is the intended use? _____