



SHIPPING REQUEST FORM

DATE: _____ **REQUESTED SHIP DATE:** _____ **IN-HAND DATE:** _____

SHIP FROM: _____

Your Company Name

SHIP TO INFO:

IS THIS A RESIDENCE?

Company: _____

YES

NO

ATTENTION NAME: _____

Address: _____

EMAIL ADDRESS FOR TRACKING NUMBER:

PLEASE PRINT

Please Choose One

Shipping Method:

	GROUND	NEXT DAY 10:30 AM	NEXT DAY 12:00 PM	NEXT DAY 3:00 PM	2ND DAY 5:00	All of these are "business" days
DHL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DHL# _____	SHIP VIA WESTSIDEUSA# <input type="checkbox"/>				BLIND SHIP: <input type="checkbox"/>	

	GROUND	NEXT DAY AIR EARLY AM	NEXT DAY AIR	2ND DAY AIR EARLY AM	2ND DAY AIR	3 DAY SELECT
UPS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ups # _____	SHIP VIA WESTSIDEUSA# <input type="checkbox"/>				BLIND SHIP: <input type="checkbox"/>	

	GROUND	PRIORITY OVERNIGHT	STANDARD OVERNIGHT	FIRST OVERNIGHT	FED EX 2 DAY	EXPRESS SAVER
FED EX:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fedex # _____	SHIP VIA WESTSIDEUSA# <input type="checkbox"/>				BLIND SHIP: <input type="checkbox"/>	

Special Instructions:

Cell phone: _____

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