DOMESTIC SHIPPING FORM

Date:________________________

Shippers Name:______________________________________________

Email Address (Tracking):________________________________________

Receiver Name/Company Name:___________________________________

Address 1:____________________________________________________

Address 2:____________________________________________________

City/Town:____________________________________________________

State:________________________________________________________

Postal Code/Zip:________________________

UPS Service - Please Select One:

☐ Ground (1-5 business days depending on distance)

☐ Next Day Air Early A.M. (Next business day as early as 8 am)

☐ Next Day Air (Next business day by 10:30 am)

☐ Next Day Air Saver (Next business day by 3:00 pm)

☐ 2nd Day Air A.M. (Second business day by 10:30 am)

☐ 2nd Day Air (Second business day by end of day)

☐ 3 Day Select (Third business day by end of day)

Payment Method: Select One

☐ Pay at Bookstore (front register)

Total Amount (UPS charge + $1): $___________

☐ Dept Charge – 5 Digit Code:______________________________

Dept Name______________________________________________

☐ 3rd Party UPS Account #______________________________

*Additional Insurance Required? ($100.00 Included)

If YES, Please Enter Amount:______________________________

**Bookstore Employee - Place Label(s) Here: If more than 2, place on back of this sheet