



Address Forms

Domestic Shipping only

Shippers Name: _____ Date: _____

Email Address (Tracking): _____

Name or Company: _____

Receiving Address: _____

Zip Code: _____

Insurance: \$100 automatically Included, Would you like additional?

- YES
- NO

AMOUNT: \$ _____

Service: Check one

- SurePost Less than 10lbs(Ground + 1 Day)
- GROUND (1-5 DAYS BASED ON DISTANCE)
- NEXT DAY EARLY AM (8:00a-11:00a)
- NEXT DAY AIR (by 11:00a)
- NEXT DAY AIR SAVER (by 3:00p)
- 2ND DAY AIR AM (by 11:00a)
- 2ND DAY AIR (end of day)
- 3 DAY SELECT (end of day)

PAYMENT: Circle one PAY at Bookstore

\$ _____

Department Charge

UPS Account

Department Name
