

FEDERAL EXPRESS SHIPPING DOCUMENT

(PLEASE PRINT WHEN FILLING IN THE SHIPPING INFORMATION_

DEPARTMENT NAME: _____ POSTAGE ACCOUNT # _____

NAME OF PERSON SENDING PACKAGE: _____

PLEASE COMPLETE FOLLOWING INFORMATION:

SEND TO: _____

COMPANY NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

Phone number _____

DECLARED VALUE _____

PLEASE CIRCLE TYPE OF DELIVERY SERVICE

OVERNIGHT STANDARD OVERNIGHT TWO DAY HOME DELIVERY GROUND

PLEASE CIRCLE OPTIONS

Residential Address

Commercial Address