



## UPS REQUEST FORM

*\*Please print form and return to Harriet Koszarek or Erika Thomas, Main Office, 1020 SEO*

<b>Recipient Information</b>	Name: <i>first</i> _____ <i>last</i> _____  Street Address:(cannot deliver to P.O. Boxes) _____ _____ _____  City: _____ State: _____ Zip _____  Country: _____ Postal Code _____  Phone: _____ - _____ (include area code or country code):
<b>Delivery Method:</b>	<b>Please Check One:</b> ___ Next Day AM ___ 2 <sup>nd</sup> Day AM ___ 2 <sup>nd</sup> Day PM
<b>Package Type:</b>	<b>Please Check One:</b> ___ Letter ___ Pak ___ Box
<b>Billing Information:</b>	<b>Please Check One:</b> (UPS or Internal Billing Acct. Number Required)  ___ Charge Sender ___ Charge Recipient  Acct # _____ Acct # _____
<b>Document Value:</b>  \$ _____	Description of package contents: _____ _____ _____
<b>Sender's Approval:</b>	Sender's Signature _____  Date _____ Time _____