**MAILROOM UPS OUTGOING SHIPMENT**

PLEASE COMPLETE THE ENTIRE FORM

SHIPPER’S NAME, EMAIL ADDRESS, & INDEX NUMBER:

DELIVERY TO

COMPANY:

NAME:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

**SERVICES**

**UPS** – NEXT DAY AIR – 2ND DAY AIR - GROUND

IS THE VALVE OFF THE PACKAGE **OVER $100.00** - YES – NO

\*IF YES, PLEASE INDICATE VALUE OF THE PACKAGE -

\*DOES THIS PACKAGE REQUIRES INSURANCE SERVICES – YES – NO

\*\*INSURANCE ADDITIONAL COST BASED ON DECLARED VALUE

**FOR INTERNATIONAL SHIPMENTS**

**UPS WORLDWIDE -** SAVER - EXPEDITED - EXPRESS

FOR **DOCUMENTS ONLY**- NO OTHER INFORMATION IS NEEDED

FOR **PACKAGES** PLEASE ASK THE MAILROOM ASSICATE FOR A **COMMERCIAL INVOICE.**