COS A-Level Main Stores Shipping Information Form

(Necessary information when sending out a package)

Sender Information

Name: _____ Date: _____

Phone #: _____ E-Mail: _____

Recipients Information

Company Name: _____

Contact Name: _____

Phone #: _____ E-Mail: _____

Street Address: _____

_____

City: _____ State: _____ Zip Code: _____

Shipping Information

Type of Service (Please note that Federal Express is our Primary Shipper for all out going packages)

☐ Priority Overnight AM   ☐ Next Day   ☐ Second Day   ☐ Three Day

☐ Ground   ☐ International   ☐ Other

Notes if other: _____

International Shipments **must** declare contents: _____

_____

Account #: 01._____._____._____._____.00000

(our 24 digit account #)

Recipient Account #: _____
(Recipients shipping account # if they are accepting charges)

Insured: **Yes   or   No**   If yes declared value: _____

RA#/Return#/PO #: _____

Special Instructions: _____

_____

_____