UPS Shipment Form

Domestic Shipping

Shipping Information

Receiver's Name:	(Person, Company, Busines	ss. etc.)
Address Line (1):		55, Etc.,
	(Apartment, Suite, Building, F	loor, etc.)
	(Attention, Department, C/	
City: State:		Zip:
Shipp	ing Details	
Jilipp	ing betains	
Quantity:	Declared Value: _	
(Number of Packages)		(Optional, Maximum of \$100)
Jacksging LIDS Eveross Roy S/M/L Other		
		Height:
If Other Length:	Width:	Height:
If Other Length:	Width:	Height:
If Other Length:	Width:	Height:
If Other Length:	Width:	Height:
If Other Length:	Width:	Height:
If Other Length: _ Service: Ground Next Day Air 2 (Circle One) Shipp	Width: Day Air Weight: Der Details	Height:
If Other Length:	Width: Day Air Weight: Der Details	Height:

Please Note: Failure to fill out this form in its entirety could result in delayed shipment