



UPS REQUEST FORM

Please return this form to Jennifer Butler, Main Office, 1120 SEO

Sender's Name	first _____ last _____			
RECIPIENT INFORMATION	Company _____		Phone Number: (Mandatory) _____	
	Name: first _____		last _____	
	City _____	State _____	Country _____	Zip/Postal Code _____
DELIVERY	CHECK ONE: _____ Next Day Air (10:30) _____ 2 nd Day AM _____ 2 nd Day PM			
PACKAGE	Check One: _____ Letter _____ Pak _____ Box			
BILLING INFORMATION	_____ Sender	_____ Recipient UPS Acct. Required Acct. # _____		
INTERNAL BILLING				
Sender's Signature _____			Date _____	