



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: <input type="checkbox"/> Next Day Air (10:30) <input type="checkbox"/> 2 nd Day AM <input type="checkbox"/> 2 nd Day PM			
PACKAGE	Check One: <input type="checkbox"/> Letter <input type="checkbox"/> Pak <input type="checkbox"/> Box			
BILLING INFORMATION	<input type="checkbox"/> Sender	<input type="checkbox"/> Recipient UPS Acct. Required Acct. # _____		
INTERNAL BILLING				
Sender's Signature			Date	