

Domestic Shipping Form

Sender:	Recipient:
Name _____	Name _____
Company _____	Company _____
Address _____	Address _____
City _____	City _____
State _____ Zip code _____	State _____ Zip code _____
Phone _____	Phone _____
Email _____	Email _____

Yes ___ No ___ Recipients address is a residence. If 'yes' add \$5.00

Yes ___ No ___ Signature required for secure or insured delivery. If "yes" add \$6.00

_____ Insured Amount (calculated at 1.5%) \$ _____

_____ Package weight (leave blank if unknown)

Package dimensions _____ Length _____ Width _____ Height (leave blank if unknown)

Packaging Cost:

Small Box \$10 Medium Box \$20 Large Box \$30 Extra Large Box \$50

Prices quoted for expedited transportation: Overnight___ 2Day___ 3Day___

Cost for domestic economy shipping (1-7 days)

Small Box \$25 Medium Box \$74 Large Box \$150 Extra Large Box \$450

Pack + Ship Pro Total \$ _____

Customer Authorization: _____ Date _____