

SHIPPING REQUEST FORM

DATE: _____ **REQUESTED SHIP DATE:** _____ **IN HANDS DATE:** _____

SHIP FROM: _____

Your Company Name

SHIP TO INFO:

IS THIS A RESIDENCE?

Company: _____

YES

NO

ATTENTION NAME: _____

Address: _____

EMAIL ADDRESS FOR TRACKING NUMBER:

PLEASE PRINT

Shipping Method:

Please Choose One

	GROUND	NEXT DAY AIR EARLY AM	NEXT DAY AIR	2ND DAY AIR EARLY AM	2ND DAY AIR	3 DAY SELECT
UPS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ups # _____	SHIP VIA ATLAS # <input type="checkbox"/>		BLIND SHIP: <input type="checkbox"/>			

	GROUND	PRIORITY OVERNIGHT	STANDARD OVERNIGHT	FIRST OVERNIGHT	FED EX 2 DAY	EXPRESS SAVER
FED EX:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fedex # _____	SHIP VIA ATLAS # <input type="checkbox"/>		BLIND SHIP: <input type="checkbox"/>			

Do you wish to add shipment insurance? YES NO *this fee will be added to your invoice

If insurance is requested- please indicate the value of the shipment. Atlas cannot determine this for you. \$ _____

Special Instructions: _____

Cell phone: _____