

# 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
<b>UPS:</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ups #</b> _____	<b>SHIP VIA ATLAS #</b> <input type="checkbox"/>		<b>BLIND SHIP:</b> <input type="checkbox"/>			

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