UPS Shipping Information Sheet

Person/Company Name of Recipient_____

Contact Person_____

Complete Address_____

_

_____

_____

Phone # of Recipent_____

When package to be Delivered (next day, 2nd day, ground)_____

Contents_____

Insurance? If so, how much? _____

Value of the Contents_____

Account # to Charge Shipment_____

Name of Sender_____

Email Address of Sender_____

Does the item have a P Tag attached? _____ If so, P Tag #_____

Does the item have a State of Illinois tag attached? _____

(All items being sent out must have a P Tag or State of Illinois Tag attached)

Is the item being repaired? _____ If so, date item is expected to be returned_____

All lines must be completed before package will be sent.

(over)