

SHIPPING ORDER

Accour	t No
	Date
E-mail	
Dept. <sub>-</sub>	Auth. Sig
	Shipping Method:   Next Business Morning Next Business Afternoon   Second Day Ground   International Second Day
	Additional Options:
:	NO P.O. BOXES STREET ADDRESS ONLY
Ship	(Please type or print clearly)
-	Dept
Co	
Street	
City _	State Zip
Phone	(Required) Country
	Info: Check if Residential
	TO BE COMPLETED BY SHIPPING
Weigh	Air Bill #
Ship E	ate Entered by Ref. No
ΤΟΤΑΙ	CHARGES