



Today's Date : _____

Guest Requesting Shipping : _____

Hotel : _____ Room # : _____

Hotel Contact : _____ Hotel Contact Email : _____

Ship by Date : _____ Number of Items : _____

Description of Items : _____

Destination Details

Name : _____ Phone # : _____

Company : _____

Address : _____

City, State, Zip code : _____

The above address is a Residence or Business

Service Requested

- Priority Overnight
- Standard Overnight
- 2 Day
- 3 Day
- Ground

Insurance

Luggage shipments are insured for \$500 and packages are insured for \$100.
Additional insurance is available at the rate of \$1.25 per \$100 of insurance.

Additional insurance requested (in addition to the amounts noted above) : \$ _____

Credit Card Information

Credit Card # : _____

Expiration Date : _____ Auth. Code: _____ Billing Zip : _____