

Shipment or Pickup Request Slip



Check this box if this is a personal shipment you need to pay for

\$

Amount to be filled in by shipping personnel.



Requested By		Dept.	Date
Job #		Job Name	Art / Samples / Product
<input type="checkbox"/> Ship To:		Attention	
<input type="checkbox"/> Pickup From:		Company Name	
Return to: <input type="checkbox"/> BP		Address 1 (Street)	
<input type="checkbox"/> SP		Address 2 (Suite)	
City	ST	Zip Code	Phone

National Parcel Carrier Service:

☐ UPS☐ ENPOINTE Account☐ FedEx☐ 3rd Party Account

(3rd Party Only FedEx)

3rd Party Account Number is required:

3rd Party Billing Zip Code is required:

Service Level Requested:

☐ NDA Early☐ NDA Mid Morn☐ NDA EOD☐ Other:☐ 2 Day Air☐ 3 Day☐ Ground

Local Courier Type Service with no approvals required:

☐ 90-Minute☐ 2-Hour☐ 3-Hour☐ 5-Hour☐ Same Day

Must Arrive By
Time:

Date:
AM/PM

Local Courier Type Service with approvals required:

☐ Direct

Approved By

☐ 1-Hour

Approved By

Comments:

Received by:

Date

Signature

Printed Name