

PACK & SHIP REQUEST FORM

CUSTOMER INFORMATION:	SHIP TO:
NAME: _____	NAME: _____
ADDRESS: _____	COMPANY: _____
_____	STREET: _____
EMAIL: _____	CITY/ST/ZIP: _____
PHONE: (____) _____	SHIP DATE: _____

LIST CONTENTS OF SHIPMENT AND VALUE:

QTY	ITEM DESCRIPTION	VALUE
Total Value:		

I agree that all contents of this package, as listed above, are priced according to replacement value, and are limited to carrier standard liability coverage, unless additional insurance has been purchased to cover loss or damages

- ☐ I do want additional insurance in the amount of \$_____.
☐ I do NOT want additional insurance coverage.

Customer Signature: _____ Date: _____