

	JOB TITLE:	PO#:
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PLEASE FILL OUT A SEPARATE SHIPPING REQUEST FOR EACH DROP SHIPMENT

DROP SHIP#: _____

BLIND SHIP TO:	
Company Name :	
Attention Name :	
Street Address :	
Suite :	
City :	
State :	
Zip / Postal Code :	
Country :	

SHIP METHOD: UPS						
Residential : <input type="checkbox"/>	Commercial : <input type="checkbox"/>					
Insurance: We do not add insurance unless requested in a dollar amount	Insurance Amount Per Box , Please enter a dollar Amount : \$					
Ship Via - All City Apparel's UPS #: <input type="checkbox"/>						
Ship Via - 3rd Party : <input type="checkbox"/>	3rd Party UPS #: _____					
	3rd Party UPS Account Billing Zip / Postal Code: _____					
Ground <input type="checkbox"/>	3 Day Select <input type="checkbox"/>	Next Day Air Early AM <input type="checkbox"/>	Next Day Air <input type="checkbox"/>	Next Day Air Saver <input type="checkbox"/>	2nd Day AirEarly AM <input type="checkbox"/>	2nd Day Air <input type="checkbox"/>

Special Shipping Instructions And Contents of This Individual Shipment If Job Has Multiple Split Shipments :