

MAIL CENTER FED EX SHIPPING FORM

Today's Date

Sender's Name

Sender's Email Address

Department

Dept. Acct # _____ - _____ - 7725

Insured Amount

Signature Required

Saturday Delivery

(Additional Fees Apply)

DOMESTIC SHIPPING

SHIP TO ADDRESS

Name / Contact

Phone (required)

Company Name

Physical Address

City

State _____ Zip _____

SHIPPING SPEED

- Priority Overnight (Next business day AM)
- Standard Overnight (Next business day PM)
- 2 Day – AM
- 2 Day – PM
- Express Saver (Three business days)
- Ground (1 – 5 business days)

INTERNATIONAL SHIPPING

SHIP TO ADDRESS

Name / Contact

Recipient's Email

Phone (required)

Company Name

Physical Address

City

State _____ Postal Code _____

Country

SHIPPING SPEED

- International Priority
- International Economy

Special Instructions: _____

Internal Use Only

Package Weight: _____ Dimensions: _____ FedEx Rate: _____