

PRINT SHOP & MAILROOM

Telephone 705-748-7433 (Mail Room)

Facsimile 705-748-1655

www.trentu.ca

UPS SHIPPING FORM

COMPLETE ALL INFORMATION AND ATTACH LOOSELY TO PARCEL
(incomplete forms will result in the parcel being returned to sender)

PLEASE PRINT

DATE: _____

DEPARTMENT ACCT #: _____ (MUST BE FILLED IN)

SENDER: _____

DEPARTMENT: _____

PHONE #: _____

RECEIVER (TO):

NAME/ATT: _____

COMPANY: _____

ADDRESS: _____
(MUST HAVE STREET # as UPS cannot deliver to P.O. boxes)

CITY: _____

PROVINCE/STATE: _____

POSTAL /ZIP CODE: _____

PHONE #: _____

BILL TO RECEIVER COURIER ACCT # _____
(COLLECT SHIPMENTS ONLY)

VALUE OF PACKAGE \$ _____ DANGEROUS GOODS _____ Y / N _____

SERVICE: AIR GROUND SATURDAY
 9:00AM OR 10:30AM

FOR SHIPMENT OUTSIDE OF CANADA, MUST LIST DETAILED CONTENTS OF PACKAGE. _____