

UPS Shipping Form for Research Accounts

PLEASE PRINT

DATE: _____

ACCOUNT HOLDER: _____
(MUST BE FILLED IN)

NAME: _____
(IF NOT ACCOUNT HOLDER)

DEPARTMENT: _____

PHONE #: _____

AUTHORIZED SIGNATURE: _____
(MUST BE FILLED IN)

JUSTIFICATION/DESCRIPTION: _____
(REQUIRED)

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. _____

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