



Shipping Request Form

CUT-OFF TIME IS 2:45pm

TRACKING NUMBER _____

REFERENCE NUMBER _____

INTERNATIONAL

REQUESTED BY: REQUIRED	DATE:
RECIPIENT'S NAME:	RECIPIENT'S PHONE #:
COMPANY NAME:	
ADDRESS (NO P.O. BOXES OR P.O. ZIP CODES):	
URGENCY: <input type="checkbox"/> NEXT BUSINESS MORNING <input type="checkbox"/> NEXT BUSINESS AFTERNOON <input type="checkbox"/> SECOND BUSINESS DAY <input type="checkbox"/> THIRD BUSINESS DAY <input type="checkbox"/> GROUND DELIVERY	DELIVERY METHOD: <input type="checkbox"/> UPS <input type="checkbox"/> FedX <input type="checkbox"/> Airborne Express <input type="checkbox"/> Other _____ (COMPLETE)
CHARGE TO: <input type="checkbox"/> Air Liquide <input type="checkbox"/> Second Party Carrier Acc't #: _____ Credit Card #: _____ Exp. Date: _____	MACOLA NUMBER: _____ (REQUIRED) REFERENCE INFORMATION: (Example: ETG #, Weir Doc. #, RMA #, Part #'s, ETC.) If no reference number, list contents of package: <i>PERSONAL ITEMS MUST BE CLEARED THROUGH ADMINISTRATION</i>
ANY OTHER PERTINENT INFORMATION:	

If the sender does not have a container, the shipper will provide basic packaging. The sender should place the package at a specified location, which will be checked by the shipper at least three times per day.