

COS A-Level Main Stores Shipping Information Form

(Necessary information when sending out a package)

Sender Information

Name: _____ Date: _____

Phone #: _____ E-Mail: _____

Recipients Information

Company Name: _____

Contact Name: _____

Phone #: _____ E-Mail: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Information

Type of Service (Please note that Federal Express is our Primary Shipper for all out going packages)

Priority Overnight AM Next Day Second Day Three Day
 Ground International Other

Notes if other: _____

International Shipments **must** declare contents: _____

Account #: 01. _____ **.00000**

(our 24 digit account #)

Recipient Account #: _____

(Recipients shipping account # if they are accepting charges)

Insured: **Yes or No** If yes declared value: _____

RA#/Return#/PO #: _____

Special Instructions: _____
