

AUTHORIZATION TO SHIP- U.P.S.
PLEASE WRITE OR ADHERE LABEL TO PACKAGE

DATE _____

SHIP TO: _____

SHIP: **THIS FORM IS FOR DISTRIBUTION SERVICES**

office use only

2 DAY _____ Business _____

3 DAY _____ Residential _____

GROUND _____

U.P.S. articles are automatically insured for \$100

Insure for this amount: \$ _____

Zone _____

Weight _____

Cost _____

Entered _____

Compl. _____

Date _____

AUTHORIZING SIGNATURE _____

DEPARTMENT TITLE _____