

The UPS Store® PARCEL SHIPPING ORDER Rev. 9/06

32798950



CUSTOMER (please print)	
PRINT NAME	DATE / /
STREET	PHONE
CITY/STATE/ZIP	E MAIL:

PARCEL SHIPPING ORDER
No. **32798950**

PKG.	SENT TO:	LIST ALL CONTENTS	DECLARED VALUE	C.O.D. AMT.	ZONE	WT	DIM. WT.	CK. ONE	Pkg. Charges Amt	Type
A	NAME		\$	\$				<input type="checkbox"/> UPS NEXT DAY AIR EARLY A.M.		SHP CHG
			<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PACKED BY CUSTOMER				<input type="checkbox"/> UPS NEXT DAY AIR		DEC VAL
	STREET	APT. #	BREAKABLE	REPLACEABLE				<input type="checkbox"/> UPS 2ND DAY AIR A.M.		COD
	CITY/STATE/ZIP	PHONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> UPS 2ND DAY AIR		PKG LABOR
	E MAIL:	EPSO#	SEE #3 BELOW	SEE BACK				<input type="checkbox"/> UPS 3RD DAY SELECT		PKG MAT
							<input type="checkbox"/> UPS GROUND			
B	NAME		\$	\$				<input type="checkbox"/> UPS NEXT DAY AIR EARLY A.M.		SHP CHG
			<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PACKED BY CUSTOMER				<input type="checkbox"/> UPS NEXT DAY AIR		DEC VAL
	STREET	APT. #	BREAKABLE	REPLACEABLE				<input type="checkbox"/> UPS 2ND DAY AIR A.M.		COD
	CITY/STATE/ZIP	PHONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> UPS 2ND DAY AIR		PKG LABOR
	E MAIL:	EPSO#	SEE #3 BELOW	SEE BACK				<input type="checkbox"/> UPS 3RD DAY SELECT		PKG MAT
							<input type="checkbox"/> UPS GROUND			
C	NAME		\$	\$				<input type="checkbox"/> UPS NEXT DAY AIR EARLY A.M.		SHP CHG
			<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PACKED BY CUSTOMER				<input type="checkbox"/> UPS NEXT DAY AIR		DEC VAL
	STREET	APT. #	BREAKABLE	REPLACEABLE				<input type="checkbox"/> UPS 2ND DAY AIR A.M.		COD
	CITY/STATE/ZIP	PHONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> UPS 2ND DAY AIR		PKG LABOR
	E MAIL:	EPSO#	SEE #3 BELOW	SEE BACK				<input type="checkbox"/> UPS 3RD DAY SELECT		PKG MAT
							<input type="checkbox"/> UPS GROUND			

1. Subject to these terms and conditions, this The UPS Store® center ("We" or "Us") will receive, forward and/or pack parcels for customer ("You" or "Your"). The carrier for all parcels accepted by Us shall be UPS unless noted here _____. Your true name and address appear on the shipping label. You confirm the accuracy of "Ship To" address (_____ initial here).

2. We do not accept hazardous material, Other Regulated Material-D class (ORM-D), illegal items or articles of unusual value, including but not limited to cash. See carrier tariff or service guide for other restricted items. Certified locations may accept some forms or ORM-D.

3. We do not transport Your parcels. We assume no liability for the delivery of the parcels accepted for shipment or for loss or damage by any cause to the parcels or their contents while in transit. You agree that carrier's liability

for lost or damaged parcels is limited by the provisions in this PSO. You agree to all terms and conditions on this PSO whether or not declared value is purchased. Driver may deliver parcel without a signature unless You request a signature on delivery and pay any applicable charge for such service. Carrier is not liable for loss or damage occurring after delivery.

(Continued on back).

CUSTOMER'S SIGNATURE

I certify that I agree to the terms and conditions herein, and that the stated contents and the value of each package listed is truthful and complete.

SIGN HERE X

SUB-TOTAL	\$
TAX	
TOTAL CHARGES	\$
<i>Thank You</i>	
CENTER #	
EMPLOYEE'S INITIALS	

CENTER COPY

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