

SHIPPING REQUEST FORM

DATE: _____ **REQUESTED SHIP DATE:** _____ **IN HANDS DATE:** _____

SHIP TO INFO:

IS THIS A RESIDENCE?

Company: _____

YES

NO

ATTENTION NAME: _____

Address: _____

EMAIL ADDRESS FOR TRACKING NUMBER:

PLEASE PRINT

Shipping Method:

Please Choose One

| | GROUND | NEXT DAY AIR EARLY AM | NEXT DAY AIR | 2ND DAY AIR EARLY AM | 2ND DAY AIR | 3 DAY SELECT |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| UPS: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ups # _____ | | | | | | |

Do you wish to add shipment insurance? YES NO *this fee will be added to your invoice

If insurance is requested- please indicate the value of the shipment.

Artisan Grafix can not determine this for you. \$ _____

Special Instructions:

Cell phone: _____

PO Box 351 • 362 West Mill Rd. • Long Valley, NJ 07853

Phone: 908.867.7243 **Fax:** 908.867.4247 **Email:** info@artisangrafix.com