

From (Shipper)

Shipper's Name (Yours)	Date
Shipper's Address (Yours)	
Shipper's City, State, Zip	
Shipper's Phone#	

*Safety Deposit
Self Storage*

Authorized
Shipping
Center



Pkg. #1 To (Recipient) No PO, APO, or FPO Addresses

Checked I.D.

Company or Name	What are you shipping?	Wt.	Insurance	Insurance Amount \$	Yes	No
Atten.		<input type="checkbox"/> Priority Overnight	<input type="checkbox"/> Ground (Dom.)		Adult Signature Req.	<input type="checkbox"/> <input type="checkbox"/>
Address	Phone#	<input type="checkbox"/> Standard Overnight	<input type="checkbox"/> International Priority		Add Ins. Over \$100	<input type="checkbox"/> <input type="checkbox"/>
City, State, Zip	Box Dimensions X X	<input type="checkbox"/> FedEx 2nd Day	<input type="checkbox"/> International 1st		Breakable	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> FedEx 3 Day	<input type="checkbox"/> International Econ.			
		<input type="checkbox"/> Pre-pack	<input type="checkbox"/> Safety Dep. Packing			
When Does It Need To Arrive?		<input type="checkbox"/> N/A	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur
		<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	(Sat. Delivery Ground Only) (Sat. Delivery Priority Extra)		

Pkg. #2 To (Recipient) No PO, APO, or FPO Addresses

Company or Name	What are you shipping?	Wt.	Insurance	Insurance Amount \$	Yes	No
Atten.		<input type="checkbox"/> Priority Overnight	<input type="checkbox"/> Ground (Dom.)		Adult Signature Req.	<input type="checkbox"/> <input type="checkbox"/>
Address	Phone#	<input type="checkbox"/> Standard Overnight	<input type="checkbox"/> International Priority		Add Ins. Over \$100	<input type="checkbox"/> <input type="checkbox"/>
City, State, Zip	Box Dimensions X X	<input type="checkbox"/> FedEx 2nd Day	<input type="checkbox"/> International 1st		Breakable	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> FedEx 3 Day	<input type="checkbox"/> International Econ.			
		<input type="checkbox"/> Pre-pack	<input type="checkbox"/> Safety Dep. Packing			
When Does It Need To Arrive?		<input type="checkbox"/> N/A	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur
		<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	(Sat. Delivery Ground Only) (Sat. Delivery Priority Extra)		

I certify that I agree to the forgoing terms and that the stated contents and value for each package are truthful and complete. By signing, you release all liability against Safety Deposit Self Storage.

Customer Signature X _____