



CUSTOMER Online Record

DO NOT MAIL

ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope
Date In Mo Day Year	<input type="checkbox"/> 12 NOON <input type="checkbox"/> 3 PM	Postage
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Address to PO Box <input type="checkbox"/>	Return Receipt Fee
Weight lbs ozs		COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday/Holiday	Acceptance Clerk Initials	Total Postage & Fees

☐ **WAIVER OF SIGNATURE** (Domestic only) **Additional merchandise insurance is void if waiver of signature is requested.** I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

CUSTOMER INFORMATION

FROM: [] PHONE []	TO: [] PHONE []
L []	L []