



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
SUNDAY/HOLIDAY DELIVERY GUARANTEED	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	
┌	┐	┌	┐
L		J	

TO:		PHONE	
┌	┐	┌	┐
L		J	