

Personal
 Business

FedEx Express - Domestic

Ship Date _____
Sender _____
Phone# _____
CM# _____

To _____
Company _____
Address _____

City/State/Zip _____
Phone _____

Fund _____ Org _____ Acct _____

PAYMENT

Bill Shipper
 Bill 3rd party Fedex Acct# _____
 Bill recipient's Fedex Acct# _____

SERVICES

Priority Overnight (Del next bus morning)
<input type="checkbox"/> Letter
<input type="checkbox"/> Pak
<input type="checkbox"/> Box
<input type="checkbox"/> other packaging

Standard Overnight (Del next bus afternoon)
<input type="checkbox"/> Letter
<input type="checkbox"/> Pak
<input type="checkbox"/> Box
<input type="checkbox"/> other packaging

Fedex 2-Day (Del by 2 nd bus day)
<input type="checkbox"/> Letter
<input type="checkbox"/> Pak
<input type="checkbox"/> Box
<input type="checkbox"/> other packaging

Express Saver (Del by 3 rd bus day)
<input type="checkbox"/> Letter
<input type="checkbox"/> Pak
<input type="checkbox"/> Box
<input type="checkbox"/> other packaging

Delivery and Special Charges (\$12.50 Charge)

Saturday
 Holiday Delivery

INSURANCE

First \$100.00 Covered
_____ Declared Value (\$.60 PER \$100.00 of (Insurance)
(\$1.80 minimum)

Ground (Del 1 to 6 Bus Days)
<input type="checkbox"/> other packaging

Processed by: _____ Date: _____

8/20/08