WPI MAIL SERVICES I DG SHIPPING CONTROL FORM

COMPANY/NAME: _____

ATTENTION: _____

Address 1: _____

Address 2: _____

Address 3: _____

CITY: _____

STATE/PROVINCE: _____

COUNTRY: _____

POSTAL CODE:_____

Telephone #:_____Email Address:_____

UPS Account #:_____ **FUND/ORG/ACCOUNT:** _____

(For Department Use ONLY)

☐ **COMMERCIAL ADDRESS**   ☐ **RESIDENTIAL ADDRESS**

UPS Service: (Check one)

☐ Ground   ☐ Next Day Air

☐ 2ND Day Air   ☐ Next Day Early AM

☐ 3 Day Select   ☐ Saturday Delivery (Available with Next Day Air or 2nd Day Air)

SENDER'S NAME: _____

SENDER'S BOX#/DEPT:_____

Tracking Label Here