

The UPS Store®



Booth#: _____

Shipping/Handling Authorization Form

Senders Name: _____ Phone: _____

Company Name: _____ Total # of Packages: _____

E-Mail Address (Mandatory to receive tracking): _____

Shipping Information

Company Name: _____

Attn: _____ Phone: _____

Address: _____

Shipping Speed: ☐ Next Day ☐ 2nd Day ☐ 3rd Day Ground

Declared Value: \$ _____

If valued over \$100, addition protection amount wanted: _____

Billing Information

Name on Card: _____

Card Number: *****TO BE COLLECTED VIA PHONE** _____

Expiration Date: _____ Billing Street Address#: _____

Card Identification Number: _____ Billing Zip: _____

I authorize The UPS Store to charge my credit/debit card for package/handling services.
I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Guest Signature: _____ Date: _____