



Courier Request Form

Requestor Information

Your Name: _____ Company Name _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Direct Phone/Ext: _____ Fax Number: _____

Email Address: _____ Website: _____

Upon Completion, Notify us via: Phone Email Fax None

Delivery Information

Service Level: Standard, Next Day Standard, Same Day Priority Rush ASAP

Manner: Named individual only Anyone authorized Leave at door Other describe below

Item(s) to be delivered: _____

Recipient: _____

Delivery address: _____

Additional information:

Confirmation Information

Recipient Signature Required

Attorney's Choice Affidavit

No formal confirmation needed (*verbal or email is sufficient*)

Other (please describe below):

