

PARCEL SHIPPING ORDER

Nott Street Office
 2215 Nott Street | Niskayuna, NY 12309
 Tel 518.382.2663 | Fax 518.382.8164

(This box to be completed by Nott Street Office)

Parcel Shipping Order No.:

CUSTOMER (please print)

Name	Date
Street	Phone
City/State/Zip	Daytime Phone

PKG.	SEND TO	LIST ALL CONTENTS	DECLARED VALUE	BREAKABLE
1	Name		\$	<input type="radio"/> Yes <input type="radio"/> No
	Street		Packed by Customer	Recipient's address is:
	City/State/Zip		Tel	<input type="radio"/> Yes <input type="radio"/> No

PKG.	SEND TO	LIST ALL CONTENTS	DECLARED VALUE	BREAKABLE
2	Name		\$	<input type="radio"/> Yes <input type="radio"/> No
	Street		Packed by Customer	Recipient's address is:
	City/State/Zip		Tel	<input type="radio"/> Yes <input type="radio"/> No

PKG.	SEND TO	LIST ALL CONTENTS	DECLARED VALUE	BREAKABLE
3	Name		\$	<input type="radio"/> Yes <input type="radio"/> No
	Street		Packed by Customer	Recipient's address is:
	City/State/Zip		Tel	<input type="radio"/> Yes <input type="radio"/> No

PKG.	SEND TO	LIST ALL CONTENTS	DECLARED VALUE	BREAKABLE
4	Name		\$	<input type="radio"/> Yes <input type="radio"/> No
	Street		Packed by Customer	Recipient's address is:
	City/State/Zip		Tel	<input type="radio"/> Yes <input type="radio"/> No

I certify that the contents listed above and the declared value for each package are truthful.

Customer Signature: _____ Staff Initials: _____