|  |
| --- |
| **PARCEL SHIPPING ORDER** |
| Nott Street Office2215 Nott Street | Niskayuna, NY 12309Tel 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 |  | $ | ⃝ Yes ⃝ No |
| Street | Packed by Customer | Recipient’saddress is:⃝ Residential ⃝ Commercial |
| City/State/Zip | Tel | ⃝ Yes ⃝ No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PKG.** | **SEND TO** | **LIST ALL CONTENTS** | **DECLARED****VALUE** | **BREAKABLE** |
| 2 | Name |  | $ | ⃝ Yes ⃝ No |
| Street | Packed by Customer | Recipient’saddress is:⃝ Residential ⃝ Commercial |
| City/State/Zip | Tel | ⃝ Yes ⃝ No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PKG.** | **SEND TO** | **LIST ALL CONTENTS** | **DECLARED****VALUE** | **BREAKABLE** |
| 3 | Name |  | $ | ⃝ Yes ⃝ No |
| Street | Packed by Customer | Recipient’saddress is:⃝ Residential ⃝ Commercial |
| City/State/Zip | Tel | ⃝ Yes ⃝ No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PKG.** | **SEND TO** | **LIST ALL CONTENTS** | **DECLARED****VALUE** | **BREAKABLE** |
| 4 | Name |  | $ | ⃝ Yes ⃝ No |
| Street | Packed by Customer | Recipient’saddress is:⃝ Residential ⃝ Commercial |
| City/State/Zip | Tel | ⃝ Yes ⃝ No |

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

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_