

MAILSPOT EXPRESS
 336 Commercial St. unit 3
 PROVINCETOWN, MA 02657
 (508) 487-6650 ~ FAX (508) 487-6651

PKG. I.D.

TO FROM	COMPANY		DATE
	NAME		
	ADDRESS		
	CITY	STATE	ZIP
	TEL. NO.		
TO FROM	NAME		TEL. NO.
	ADDRESS		
	CITY	STATE	ZIP
CONTENTS		DECLARED VALUE	

EMAIL

UNLESS DECLARED ABOVE, the maximum value for each package does not exceed \$100. You, the Sender, agrees to hold us, the Shipper and Carrier, harmless for damage or loss to any parcel or contents caused by improper packaging by the sender. Determination of proper packaging shall be made by the Carrier, whose decision shall be final. All damaged material must be returned to the Shipper for inspection.

Sender agrees that parcels may be opened for inspection at any time to determine contents/packing. Claims for loss or damage must be in writing within 90 days of shipment, otherwise they will be considered waived.

The ship-to address, written in the "To" area of this form, will be used as the delivery address. I understand and agree to the above conditions.

SIGNATURE X

DO NOT WRITE BELOW HERE

ZONE	WEIGHT	OVERSIZE/DIM	SHIPPING	
<input type="checkbox"/> STORE PACK <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GROUND <input type="checkbox"/> NDA AM / PM <input type="checkbox"/> 2DA AM / PM <input type="checkbox"/> 3DA <input type="checkbox"/> CANADA <input type="checkbox"/> INTL	<input type="checkbox"/> CUSTOMER PACK		DECL VAL	
			DEL CONF.	
			C.O.D.	
			PKG. SVCE.	
			PKG. MATL	
			SALES TAX	
			TOTAL	