BOLDUC'S APPAREL

SCREEN PRINTING • EMBROIDERY • PREMIUMS

SHIPPING REQUEST FORM

DATE: _____ REQUESTD SHIP DATE: _____ DATE: _____

YOUR NAME/COMPANY: _____

PHONE: _____

SHIP TO INFO

COMPANY: _____

ATTENTION: _____

STREET: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL ADDRESS FOR TRACKING NUMBER

_____ @ _____

SHIPPING METHOD

IS THIS A RESIDENCE? ☐ YES ☐ NO

PLEASE CHOOSE ONE

	GROUND	NEXT DAY AIR EARLY AM	NEXT DAY AIR	2ND DAY AIR EARLY AM	2ND DAY AIR	3 DAY SELECT
UPS: ☐	☐	☐	☐	☐	☐	☐

Ups # _____ SHIP VIA ATLAS # ☐ BLIND SHIP: ☐

	GROUND	PRIORITY OVERNIGHT	STANDARD OVERNIGHT	FIRST OVERNIGHT	FED EX 2 DAY	EXPRESS SAVER
FED EX: ☐	☐	☐	☐	☐	☐	☐

Fedex # _____ SHIP VIA ATLAS # ☐ BLIND SHIP: ☐

DO YOU WISH TO ADD SHIPMENT INSURANCE? ☐ YES ☐ NO - FEE WILL BE ADDED TO YOUR INVOICE

IF YOU HAVE ADDED SHIPMENT INSURANCE PLEASE INDICATE VALUE OF THE INSURANCE $_____

SPECIAL INSTRUCTIONS: _____

_____

_____

_____

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