

CBME SHIPMENT FORM

Name: _____ Phone Number: _____

Date: ____/____/____ E-mail: _____

Service: DHL FedEx (leave blank if no preference)

Shipment to:

Business Purpose for Shipment (required) _____

Account to charge: _____

Check Shipping Delivery Type:

- | | |
|--|--|
| <input type="checkbox"/> Next Day 10:30 am | <input type="checkbox"/> 2 nd Day |
| <input type="checkbox"/> Next Day 12:00 pm | <input type="checkbox"/> Ground |
| <input type="checkbox"/> Next Day 3:00 pm | <input type="checkbox"/> Express Saturday |

Description of Content in Package: _____

Monetary Value of Package: \$ _____

Weight: _____ lbs.

Dimensions: _____ Length _____ Height _____ Width