SHIPPING REQUEST FORM

UNIVERSAL FALCON
...just shop we deliver.

TODAY'S DATE	REQUESTED SHIP DATE	REQUESTED DELIVERY DATE	SHIPMENT REQUEST ID NO.

DELIVERY INFORMATION

FROM SENDER			TO RECIPIENT		☐ CHECK BOX IF RESIDENTIAL
NAME			NAME		
COMPANY			COMPANY		
ADDRESS			ADDRESS		
ADDRESS			ADDRESS		
CITY			CITY		
STATE		ZIP CODE	STATE		ZIP CODE
PHONE			PHONE		
EMAIL			EMAIL		

SHIPPING METHOD

NON-EXPEDITED SERVICES	
☐	UniversalFalcon Standard

EXPRESS SERVICES			
UniversalFalcon Express		UniversalFalcon Premium	
☐	PRIORITY OVERNIGHT next business morning	☐	NEXT DAY AIR
☐	STANDARD OVERNIGHT next business afternoon	☐	2 DAY AIR
☐	2 DAY	☐	3 DAY SELECT
☐	3 DAY EXPRESS SAVER		
☐	SATURDAY DELIVERY		

INSURANCE optional

☐	NO	☐	YES | If shipment insurance added, please indicate monetary value:	

SPECIAL INSTRUCTIONS AND FURTHER DETAILS