BUSINESS CENTRES BY:
CHECKT

Shipping Request

Shipper Information and Package Details	Recipients Information
Name:	Name:
Phone Number:	Phone Number:
Email Address:	Email Address:
Choose Courier Service Provider: Canada Post / FedEx / Purolator / UPS	Is This A Residential Address:
Third Party Account Number:	Company Name:
Shipping Service Desired: Ground / Economy / 2-Day / Priority Overnight	Street Address Line 1:
Signature Service: None / Indirect (Anyone) / Recipient / Adult	Street Address Line 2:
Declared Value:	Postal / Zip Code:
Are These Person Effects: **Yes/ No** Yes	City:
Are These Items For Sale: **Yes / No**	State / Province:
Please Describe What You Are Shipping, Be As Detailed As Possible:	Country:
	Notes / Special Instructions:
Payment Method	
Credit Card Number:	Expiry:
Master Account Name:	CVC:
Room Number:	Hotel Contact: Karan Parekh
Date:	Signature: