



Date: _____

Shipper

Name: _____ Business name : _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Email : _____

Ship to:

Name: _____ Business name : _____

Address: _____

Address: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country _____ Phone: _____ **Required***

Email: _____

All international shipments are subject to duty, taxes, VAT and in some cases Brokerage fees. Consignee is responsible for these, if they refuse to pay, as shipper you become responsible for any duty and taxes OR unpaid fees by the consignee. If package fails to deliver, you may be contacted by the carrier to decide to : Return at your expense or : Pay the fees owed and deliver or : Dispose of the package

Item: _____ Value: _____ Item: _____ Value: _____

Item: _____ Value: _____ Item: _____ Value: _____

Item: _____ Value: _____ Item: _____ Value: _____

Item: _____ Value: _____ Item: _____ Value: _____

Item: _____ Value: _____ Item: _____ Value: _____

Item: _____ Value: _____ Item: _____ Value: _____

Do you require Declared Value Coverage: _____ Yes _____ or _____ No _____ Amount of coverage required \$ _____

You are the shipper, and you acknowledge that if this shipment was packaged by the shipper, you hereby release the Parcel Room from liability for any damages caused as a result of improper or inadequate packaging. If damage occurs declared value coverage will solely depend upon carrier's approval of the packaging. You also verify that your package(s) do not contain any prohibited articles such as firearms, flammable items and other such materials. The carrier guidelines, limits and regulations apply to all shipments. Declared value is a maximum of \$ 100.00 unless a higher amount is declared and paid for. Must have proof of value in case of claim, US Mail is not automatically covered for any amount. In case of damage all packing materials must be saved until Parcel Room notifies you otherwise. Any and all claims must be made to Parcel Room within 10 days of delivery.

Signature _____ Date: _____