



FULFILLMENT INFORMATION FORM

To ensure timely fulfillment of your project, please fill out this form and email back to: customerservice@pressing-media.com

1. JOB INFORMATION

Project:

Estimated Ship Date:

2. SHIP METHOD Check One

Plant to Supply Shipping. Fedex UPS , Clients' : _____ Account#: _____

- Next Day Air AM* Delivered by 10:30 AM - next business day
- Next Day Air Saver* Delivered by 3:00 PM - next business day
- 2nd Day Air AM* Delivered by 10:30 AM - 2nd business day
- 2nd Day Air* Delivered by End of Day - 2nd business day
- 3 Day Delivered by End of Day - 3rd business day
- Ground^ Delivered in 1 to 5 business days*

* Saturday Delivery Available

^ Go to www.ups.com/maps/results to determine ground shipping times — Shipping Zip Code = 55403

3. SATURDAY DELIVERY (will your delivery arrive to its destination on a Saturday?)

- Yes **PLEASE** [1] Saturday Delivery is available *only* with Next Day or 2nd Day options from above
- No **NOTE:** [2] Saturday deliveries will arrive by *End of Day* (AM/mid-day delivery not available)

4. SHIPPING DESTINATIONS Multi destination shipments or Partial shipments please supply ONE FORM PER SHIPMENT

DESTINATION # ___ of ___

Quantity shipping to this destination:
Destination Type (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Company Name (if applicable):
Individual Name:
Phone:
Address:
City: State: ZIP Code:
Country (if different than US):
Important Notes:

Include additional addresses and quantities on subsequent pages

DESTINATION B

Quantity shipping to this destination:

Destination Type (check one): Commercial Residential

Company Name (if applicable):

Individual Name:

Phone:

Address:

City: State: ZIP Code:

Country (if different than US):

Important Notes:

DESTINATION C

Quantity shipping to this destination:

Destination Type (check one): Commercial Residential

Company Name (if applicable):

Individual Name:

Phone:

Address:

City: State: ZIP Code:

Country (if different than US):

Important Notes:

DESTINATION D

Quantity shipping to this destination:

Destination Type (check one): Commercial Residential

Company Name (if applicable):

Individual Name:

Phone:

Address:

City: State: ZIP Code:

Country (if different than US):

Important Notes:

If you have more shipping destinations, please include additional addresses and quantities here: