

Shipping / Payroll Deduction Form

Please print all information below. Attach completed form to each package and bring to the LX warehouse. The employee will receive an email confirmation with the tracking number. Please call X45050 with any questions.

SHIPPING ADDRESS:

Company name:

Contact name:

Phone number (required):

Street address (No P.O. boxes)

City:

State:

Zip:

Is this a residential address?

Select type of service:

- UPS Early Next Day AM (\$50 minimum charge)
- UPS Next Day Air
- UPS Next Day Air Saver
- UPS Second Day AM
- UPS Second Day Afternoon
- UPS Ground

Each package is automatically insured up to \$100.

Do you want additional insurance?

If yes, how much?

PAYROLL AUTHORIZATION:

Employee name:

Employee number:

Employee phone:

Employee e-mail:

Employee signature: _____ Date: _____

* This signature is the authorization to payroll deduct the shipping charges