

POSTAGE CHARGE FORM



DATE DUE

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LL BE CHARGE	D TO YOUR DEFAULT ACCT. Jo	bs due within	2 business	days or les		
	☐ BILLING ACCT. #	OR -	6285 -			
	PHONE NO. AND EXT.	EMAIL ADDRESS:			AUTHORIZED SIGNATURE	
	If requesting envelopes p	lease fill out o	or specify or	PRINT RE	QUEST FORM.	
For UPS/LSO Recipient's Phone: ()			Other Information:			
C	Description	Cost/Item	Total		- Office Use Only -	
	For UPS/LSO UPS/LSO UPS/LSO UPS/LSO UPS/LSO NOTE: Package:	For UPS/LSO Recipient's Phone: () UPS/LSO Regular Ground* UPS/LSO Next Day* UPS/LSO 2nd Day* UPS/LSO Insurance (Declared value \$	BILLING ACCT. # OR	BILLING ACCT. # OR 6285 - PHONE NO. AND EXT. If requesting envelopes please fill out or specify or For UPS/LSO Recipient's Phone: () UPS/LSO Regular Ground* UPS/LSO Next Day* 10:30 a.m. 12:00 p.m. 3:00 p.m. UPS/LSO 2nd Day* UPS/LSO Insurance (Declared value \$) *NOTE: Packages sent UPS/DHL may incur additional charges.	BILLING ACCT. # OR INVOICE 6285	BILLING ACCT. # OR INVOICE ACTIVITY CODE (If applicable)