



FEDEX PACKAGING / SHIPPING INFORMATION

SENDER INFORMATION

Name of person sending the product: _____
Name of the Company: _____
Street Name & Number: _____
Unit / Suite Number: _____ Attention: _____
City: _____ State / Province: _____ Zip/Postal Code _____
Phone # _____ Ext # _____ Fax # _____

SHIPPING ADDRESS

Company Name: _____
Street Name & Number: _____
Unit / Suite Number: _____ Attention: _____
City: _____ State / Province: _____ Zip/Postal Code _____
Phone # _____ Ext # _____ Fax # _____

OTHER INFORMATION

Product Description: _____

Type of Packaging: _____
Quantity: _____ Weight of Each: _____
HTS Code: _____ Other Codes: _____
Other Details: _____
*FDA# _____
*Manufacturer's Name and Address: _____

Shipping Date: _____ Requested Arrival Date: _____
Packaging Instructions: _____
Dry Ice: _____ Gel Packs: _____ Dry: _____