



FEDEX SHIPPING FORM

PLEASE PRINT LEGIBLY IN CAPITAL LETTERS

RECIPIENT INFORMATION:

COMPANY NAME (if relevant):

FIRST NAME: _____ LAST NAME: _____

STREET: _____ APT/SUTE/FLOOR: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE: _____ E-MAIL: _____

REQUEST TO DELIVER MATERIAL THROUGH A SHIPPING SERVICE

I ASK THAT THE CONSULAR MATERIAL THAT IS BEING HANDLED BE DELIVERED TO ME THROUGH A SHIPPING SERVICE. I AGREE TO PAY THE DELIVERY COST OF TWO-DAY SHIPPING OF \$14.00 USD AND/OR ONE-DAY SHIPPING OF \$35.00 USD. Please circle your preferred cost.

I WAS INFORMED THAT THE CONSULATE CANNOT BE HELD RESPONSIBLE FOR ANY OR ALL RISK INCLUDING LOSS OF ANY ORIGINAL MATERIALS AND UNTIMELY DELIVERIES. I UNDERSTANT THAT SUCH PROBLEMS, SHOULD THEY ARISE, ARE TO BE HANDLED WITH THE SHIPPING SERVICE DIRECTLY AND NOT WITH THE CONSULATE.

FULL NAME: _____

SIGNATURE: _____

DATE: _____