



CUSTOM EMBROIDERY/SCREEN PRINTING / SPECIALITY ITEMS/  
GRAPHIC DESIGN

www.ThePlayer'sConnection.com

# SHIPPING REQUEST FORM

**DATE:** \_\_\_\_\_ **REQUESTED SHIP DATE:** \_\_\_\_\_ **IN HANDS DATE:** \_\_\_\_\_

SHIP FROM: \_\_\_\_\_

Your company name

SHIP TO INFO:

IS THIS A RESIDENCE?

**Company:** \_\_\_\_\_

YES  NO

ATTENTION NAME: \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

## EMAIL ADDRESS FOR TRACKING NUMBER:

PLEASE PRINT

### Shipping Method:

Please choose one

<b>UPS:</b> <input type="checkbox"/>	<small>GROUND</small> <input type="checkbox"/>	<small>NEXT DAY AIR EARLY AM</small> <input type="checkbox"/>	<small>NEXT DAY AIR</small> <input type="checkbox"/>	<small>2ND DAY AIR EARLY AM</small> <input type="checkbox"/>	<small>2ND DAY AIR</small> <input type="checkbox"/>	<small>3 DAY SELECT</small> <input type="checkbox"/>
UPS # _____		SHIP VIA ATLAS # _____		<b>BLIND SHIP:</b> <input type="checkbox"/>		

<b>FED EX:</b> <input type="checkbox"/>	<small>GROUND</small> <input type="checkbox"/>	<small>PRIORITY OVERNIGHT</small> <input type="checkbox"/>	<small>STANDARD OVERNIGHT</small> <input type="checkbox"/>	<small>FIRST OVERNIGHT</small> <input type="checkbox"/>	<small>FED EX 2ND DAY</small> <input type="checkbox"/>	<small>EXPRESS SAVER</small> <input type="checkbox"/>
Fedex # _____		SHIP VIA ATLAS # _____		<b>BLIND SHIP:</b> <input type="checkbox"/>		

Do you wish to add shipment insurance? YES  NO  \*this fee will be added to your invoice

If insurance is requested- please indicate the value of the shipment. TPC cannot determine this for you. \$ \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_