

**From (Shipper)**

Shipper's Name (Yours)	Date
Shipper's Address (Yours)	
Shipper's City, State, Zip	
Shipper's Phone#	

*Safety Deposit  
Self Storage*

Authorized  
Shipping  
Center

**FedEx**  
Corporation

**Pkg. #1 To (Recipient) No PO, APO, or FPO Addresses**☐ **Checked I.D.**

Company or Name	What are you shipping?	Wt.	Insurance	Insurance Amount		Yes	No
Atten.		<input type="checkbox"/> Priority Overnight	<input type="checkbox"/> Ground (Dom.)	\$	Adult Signature Req.	<input type="checkbox"/>	<input type="checkbox"/>
Address	Phone#	<input type="checkbox"/> Standard Overnight	<input type="checkbox"/> International Priority		Add Ins. Over \$100	<input type="checkbox"/>	<input type="checkbox"/>
City, State, Zip	Box Dimensions	<input type="checkbox"/> FedEx 2nd Day	<input type="checkbox"/> International 1st		Breakable	<input type="checkbox"/>	<input type="checkbox"/>
	X X	<input type="checkbox"/> FedEx 3 Day	<input type="checkbox"/> International Econ.				
		<input type="checkbox"/> Pre-pack	<input type="checkbox"/> Safety Dep. Packing				
When Does It Need To Arrive?		<input type="checkbox"/> N/A <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat (Sat. Delivery Ground Only) (Sat. Delivery Priority Extra)					

**Pkg. #2 To (Recipient) No PO, APO, or FPO Addresses**

Company or Name	What are you shipping?	Wt.	Insurance	Insurance Amount		Yes	No
Atten.		<input type="checkbox"/> Priority Overnight	<input type="checkbox"/> Ground (Dom.)	\$	Adult Signature Req.	<input type="checkbox"/>	<input type="checkbox"/>
Address	Phone#	<input type="checkbox"/> Standard Overnight	<input type="checkbox"/> International Priority		Add Ins. Over \$100	<input type="checkbox"/>	<input type="checkbox"/>
City, State, Zip	Box Dimensions	<input type="checkbox"/> FedEx 2nd Day	<input type="checkbox"/> International 1st		Breakable	<input type="checkbox"/>	<input type="checkbox"/>
	X X	<input type="checkbox"/> FedEx 3 Day	<input type="checkbox"/> International Econ.				
		<input type="checkbox"/> Pre-pack	<input type="checkbox"/> Safety Dep. Packing				
When Does It Need To Arrive?		<input type="checkbox"/> N/A <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat (Sat. Delivery Ground Only) (Sat. Delivery Priority Extra)					

I certify that I agree to the forgoing terms and that the stated contents and value for each package are truthful and complete. By signing, you release all liability against Safety Deposit Self Storage.

**Customer Signature**    **X** \_\_\_\_\_