

FEDEX PACKAGING / SHIPPING INFORMATION

SENDER INFORMATION

Name of person sending th	ne product:	
Name of the Company:		
Street Name & Number:		
Unit / Suite Number: Attention: Zip/Postal		
City:	State / Province:	Zip/Postal Code
Phone #	Ext #	_ Fax #
	SHIPPING ADDRE	ESS
Company Name:		
Street Name & Number		
Unit / Suite Number:	Attention:	
City:	State / Province:	Zip/Postal Code
Phone #	Ext#	Zip/Postal Code Fax #
	OTHER INFORMAT	CION
Product Description:		
Type of Packaging:		
Quantity:	Weight of Each:	
HTS Code:	Other Codes:	
Other Details:		
*FDA#		
*Manufacturer's Name an		
Shipping Date:	Requested Arr	rival Date:
Packaging Instructions:		
Dry Ice:	_ Gel Packs:	Dry: