



CITY BUSINESS SHIPPING

www.cbshipping.com

Which DTLA location are you working with?

- 225 East 9th Street 213-612-4949
- 308 South Los Angeles Street 213-622-2426
- 967 East 12th Street 213-239-8877
- 1147 South San Pedro Street 323-831-2022

DATE: _____

SHIPPER (FROM)	CONSIGNEE (TO)
COMPANY: _____	COMPANY: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
ADDRESS: _____	ADDRESS: _____
PHONE / EMAIL: _____	PHONE / EMAIL: _____

UNITS	DESCRIPTION	INSURANCE	CARRIER	SERVICES	C.O.D. SERVICES	BILLING
			<input type="checkbox"/> UPS <input type="checkbox"/> DHL <input type="checkbox"/> USPS <input type="checkbox"/> Freight	<input type="checkbox"/> Next Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/> Ground <input type="checkbox"/> Local Delivery <input type="checkbox"/> International	C.O.D. Amount: \$ _____ <input type="checkbox"/> Money Order / Cashier's Check <input type="checkbox"/> Company Check <input type="checkbox"/> Add Shipping to C.O.D. Total C.O.D. Amount: \$ _____	<input type="checkbox"/> PREPAID by Consignee <input type="checkbox"/> COLLECT by Consignee <input type="checkbox"/> 3rd Party

Any and all claims must be made within 24 hours of shipment ETA. Shipments are governed by regulations of UPS service guide and CITY BUSINESS SHIPPING Control. **ADD \$3 for out area deliveries. ADD \$13 for incorrect address/returns/re-route. Rates are subject to change without notice.**

SIGNATURE: _____

THIRD PARTY BILLING

NAME: _____		ADDRESS: _____	
CITY: _____	STATE: _____	ZIP: _____	PHONE: _____



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