



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 213-275-1631

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 Shipper <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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