

## 1029 North Road Westfield, MA 01085 413.282.0048



Final Total: .

М	Name:	
	Street:	

Package Store Agent Initials: .

FROM	Street:		Date: State: Zip:	
	Phone:		Email:	
ND	Company Name:		Signature Required? Y N (Additional charges may apply)	
SE	Country/Territory: City: Phone:		State/Province/County:Zip: Email: Contents:	
Special Instructions:				
For safety, security and liability purposes:  All packages are subject to potential inspection.  I certify that I agree to the terms and conditions herein, and that the stated contents and the value of the package listed is truthful and complete.  Signature:  Date:  Date:  Insurance Disclaimer  This is to certify, in the event of a damage claim made against any carrier, insured directly through the carrier or a third party agent, The Package Store will not be liable for any claim that is rejected by the carrier or insurance company. The Package Store resolves to commit all its resources, to work on your behalf to bring all claims to a timely and mutually agreeable settlement.  I, the undersigned, have read and fully understand the above and agree to the terms and conditions put forth by The Package Store.  Signature:  Date:  Date:				
STORE USE ONLY				
Carrier:	☐ House Account	_	□UPS □FedEx □USPS	
Packed by customer in store Box Size (if packed in store):				