

NCS SHIPPING INFORMATION FORM

2010

Please assist us in providing you with the best possible service. We ask that you take a moment to complete this form, date and sign it, and either mail or fax it back to NCS, Attention: Danielle Caffrey, P.O. Box 4750, Sarasota, FL 34230, Fax: 941-360-2559. Your cooperation is greatly appreciated.



DEALER INFORMATION

Company Name	Account Number	
Address	Apartment, Suite, Floor	
City	State / Province	ZIP / Postal Code
Contact Person	Phone	
Daytime Fax	E-mail	

SHIPPING INFORMATION (as it should appear on package)

Same as dealer information

Company Name		
Address	Apartment, Suite, Floor	
City	State / Province	ZIP / Postal Code
Contact Person	Phone	
Daytime Fax	E-mail	

SHIPPING AND INSURANCE INFORMATION

SHIPPING SERVICES

Please select your service:

Federal Express UPS

Always

Only when requested

This information is required for expedited delivery services. Please complete this section in full.
YOU MUST HAVE YOUR OWN PRIVATE INSURANCE TO USE THIS OPTION.

Your FedEx OR UPS account #: _____

Maximum insured / day value: _____ Maximum insured / box value: _____

Ship on Friday: Yes No If yes, Saturday delivery: Yes No

USPS Express Mail

Always

Only when requested

This information is required for expedited delivery services. Please complete this section in full.
YOU MUST HAVE YOUR OWN PRIVATE INSURANCE TO USE THIS OPTION.

Your Express Mail account #: _____

Maximum insured / day value: _____ Maximum insured / box value: _____

Ship on Friday: Yes No

Registered Mail (US Only)

Always

Only when requested

Maximum insured / day value: _____ Maximum insured / box value: _____

Please update shipping information for: PMG NGC

SPECIAL INSTRUCTIONS

These instructions will be put on file for you. Submission forms, however, must always be completed in full; providing us this information improves accuracy and will prevent processing delays.

Print your name _____ Signature _____ Date _____

WRITTEN AUTHORIZATION IS REQUIRED FOR ANY FURTHER CHANGES. PLEASE NOTIFY US OF CHANGES IMMEDIATELY BY FAX: 941-360-2559.