

SHIPPED BY :

NAME			DATE		
STREET		PHONE			
CITY		STATE		ZIP	

**THE PRINT SHOP**

Page _____ of _____

312 Mall Boulevard
 Savannah, Georgia 31406
 Tel: 912.354.6004
 Fax: 912.355.5381
 www.theprintshop.net

SHIPPED TO :

1	<input type="checkbox"/> Residential		<input type="checkbox"/> Commercial	
	NAME			
	STREET			
	CITY		STATE	
2	<input type="checkbox"/> Residential		<input type="checkbox"/> Commercial	
	NAME			
	STREET			
	CITY		STATE	

CUSTOMER SHIPPING RECORD

DECLARED VALUE	PACKAGE WEIGHT	TRACKING NUMBER	AMOUNT

X

Customer (Shipper) Signature

**CUSTOMER (SHIPPER) AGREES THAT THE PRINT SHOP AND CARRIER
 ARE NOT RESPONSIBLE FOR DAMAGE
 DUE TO IMPROPER PACKAGING**

TOTAL CHARGES

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Unless a greater value is declared in writing on this receipt under declared value this shipper hereby and agrees that the released value of each package or article not enclosed in a package covered by this receipt is \$100.00 which is reasonable value under the circumstances surrounding the transportation the maximum value of any package is \$1,000.00 and the maximum carrier liability is \$1,000.00. Claims not made to carrier within 9 months of shipping date are waived. If the understanding of these arrangements are correct please sign above your approval as the customer shipper.