

Customer Shipping Form Word

Customer Information:

Full Name: _____

Company Name (if applicable): _____

Contact Number: _____

Email Address: _____

Shipping Address:

Street Address: _____

City: _____ **State:** _____

Postal Code: _____ **Country:** _____

Order Details:

Product Description: _____

Quantity: _____

Weight (kg): _____

Preferred Shipping Method: Standard Express Overnight

Special Instructions:

Signature: _____

Date: _____