Mobile Shipping Form

Sender's Information:
Name:
Mobile Number:
Pickup Address:
Recipient's Information:
Name:
Mobile Number:
Delivery Address:
Package Details:
Item Description:
Quantity:
Weight: kg
Delivery Preference: ☐ Same Day ☐ Next Day ☐ Scheduled
Special Handling Requirements:
\square Fragile \square Perishable \square Requires Signature \square Temperature Sensitive
Acknowledgment:
I confirm that the above information is accurate, and I accept the shipping terms
Sender's Signature:
Date: