



SHIPPING METHOD FORM

21 WEST 46TH STREET 2ND FLOOR NEW YORK, NY 10036
T: (212) 764-0195 F: (212) 764-0186 E: SALES@YGIGROUP.COM
BUSINESS HOURS (EST)- MONDAY- THURSDAY 9:00AM-6:00PM, FRIDAY 9:00AM-3:00PM,
SUNDAY BY APPOINTMENT ONLY

To best serve you, we ask you to fill in the requested shipping method for all your shipments:

Please select from the following options:

- Ship on your account
- Ship on YGI's account and utilize our negotiated rates (Shipping totals will be billed to you and added to the invoice)

Insurance: Yes, Insure the shipment

No, I have my own insurance (Please provide a copy of your block insurance policy to keep on file)

If you choose to ship on your account please fill out the following information:

Please select your preferred carrier and shipping speed.

- | | | |
|---------------------------------|-----------------------|-------------------------|
| <input type="checkbox"/> FedEx | Account Number: _____ | Bill to Zip Code: _____ |
| <input type="checkbox"/> UPS | Account Number: _____ | Bill to Zip Code: _____ |
| <input type="checkbox"/> USPS | Account Number: _____ | Bill to Zip Code: _____ |
| <input type="checkbox"/> Dunbar | Account Number: _____ | Bill to Zip Code: _____ |
| <input type="checkbox"/> Brinks | Account Number: _____ | Bill to Zip Code: _____ |

- | FedEx | UPS | USPS | Dunbar | Brinks |
|---|---|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> First Overnight | <input type="checkbox"/> Next Day Air AM | <input type="checkbox"/> First Class Mail | <input type="checkbox"/> Next Day | <input type="checkbox"/> Next Day |
| <input type="checkbox"/> Priority Overnight | <input type="checkbox"/> Next Day Air | <input type="checkbox"/> Priority Mail | | |
| <input type="checkbox"/> Standard Overnight | <input type="checkbox"/> Next Day Air Saver | <input type="checkbox"/> Priority Mail Express | | |
| <input type="checkbox"/> Second Day | <input type="checkbox"/> Second Day AM | | | |
| <input type="checkbox"/> Ground | <input type="checkbox"/> Second Day | | | |
| <input type="checkbox"/> Express Saver | <input type="checkbox"/> Ground | | | |

Ship To Address:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Please check the below box if your shipping Address is the same as your billing address.

Same as my Billing Address

I hereby agree to the above information and to all associated shipping and insurance charges.

- Freight and Insurance Charges will be billed at the time of shipment
- Guaranteed delivery is based on your time zone
- If you would like to make any future changes to your default shipping method, please ensure those changes are requested and submitted when placing an order.

Name: _____ **Signature:** _____