

SHIPPING DECLARATION FORM

REQUIRED FOR ALL PACKAGES

PACKAGE DROP-OFF	
*Date:	
*UArk Mail Code:	
Tracking Number: (if applicable)	
# Of Pkgs.:	
*Is The Package Sealed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*DECLARATION OF CONTENTS	
Does not contain any lithium batteries.	<input type="checkbox"/>
Package does not contain any Lithium Batteries or Electronic Devices containing Lithium Batteries.	<input type="checkbox"/>
Contains lithium batteries that are 'contained in' equipment.	<input type="checkbox"/>
Contains lithium batteries that are 'packed with' equipment.	<input type="checkbox"/>
Contains 'standalone' lithium batteries. <i>Ground Service Only!</i>	<input type="checkbox"/>
Package does contain Lithium Batteries or Equipment containing Lithium Batteries that are not compromised, and/or damaged in any way and are fully intact.	<input type="checkbox"/>
<i>(Select the applicable check box)</i>	
Contains less than 1 gram lithium content for Lithium Metal cells and less than 2 grams lithium content for Lithium Metal batteries.	<input type="checkbox"/>
Is less than 20 Wh for Lithium Ion cells and 100 Wh for Lithium Ion batteries.	<input type="checkbox"/>
I certify that this package does not contain any of the following Hazardous Materials: Hand sanitizer or sanitizing products, photographic equipment, torch/flashlight, dry batteries, wet cell batteries, alkaline batteries, solar charger, ultra capacitor, chemicals (agricultural /industrial /household /volatile), toxic or corrosive substances, pesticides, compressed gases, flammable liquids, perfumes, resins, inks, paints, sealants, adhesives, mercury, fireworks, ammunition, flares, nail polish, pesticides, wax, glue, spray paint, lighter fluid, radioactive substances, pharmaceuticals, compressed gases, dry ice, medical equipment, vaccines or virus samples or anything that would qualify as Dangerous Goods or Hazardous Materials.	<input type="checkbox"/>
Describe the contents of this package if it does contain any of the items above. Be specific (i.e. tablet, Smartphone, laptop, alkaline battery, flammable liquids, etc.)	

REQUIRED FOR SHIPPING REQUESTS

SHIPPING FROM	
*Name:	
Department	
*Telephone:	
*Email:	
SHIPPING TO	
*Name:	
Attention:	
*Street:	
*City:	
*State:	
*Zip Code:	
Recipient Telephone: (ONLY required for Int'l)	
FEDEX	
Ground Service:	1-5 Business Days <input type="checkbox"/>
Express Saver:	By 4:30 PM 3rd Business Day <input type="checkbox"/>
2nd Day Air:	By 4:30 PM 2nd Business Day <input type="checkbox"/>
Standard Overnight:	By 3 PM Next Business Day <input type="checkbox"/>
Priority Overnight:	By 10:30 AM Next Business Day <input type="checkbox"/>
First Overnight:	By 8 – 9:30 AM Next Business Day <input type="checkbox"/>
Declared Value:	\$ <input type="checkbox"/>
USPS	
Express:	<input type="checkbox"/>
Priority:	<input type="checkbox"/>
First Class:	<input type="checkbox"/>
Ground Advantage:	<input type="checkbox"/>
Certified:	<input type="checkbox"/>
Return Receipt:	<input type="checkbox"/>
Media:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Declared Value:	\$ <input type="checkbox"/>
SHIPPING OPTIONS	
Business Address:	<input type="checkbox"/>
Signature Required:	<input type="checkbox"/>
Residential Address	<input type="checkbox"/>
Other:	

***By signing, I confirm that the information given in this form is true, accurate and complete.**

Customer's Name (Printed)

Customer's Signature

SHIPPING LABEL

(For Internal Mail Services Use Only *)*

Ricoh Associate's Name (Printed)

Ricoh Associate's Signature