



Express Service Form

1. Complete the Form
2. Give us the Package & Form
3. We'll take care of the rest
4. We'll email you the tracking #

Quantum Mail & Ship "Your One Stop Shipping Shop"

Customer Account :

Name _____ Daytime Phone: _____

Address _____

City/State/Zip _____

email: _____

Ship to Name & Address: (please print)

_____ Phone: _____

Breakable: Yes/ No

Requested Service: (Circle One)

Ground Next Day(10:30) Next Day(8:00pm) 2nd Day Mail

Declared Value: \$ _____

Billing: Quantum Account _____ Call for Credit Card info _____

Credit Card: Amex Visa Mastercard Discover

Card # _____ Security Code _____

Expiration _____ Billing Zip Code _____