Phone

Zip

Zip

Zip

Value

State

State

State

To: (Caution! UPS will not deliver to a P. O. Box)

H	_	in Sum St. P.O. Box 432	as ·
Ş.	_	s, WA 98295	
		5) 988-8711	
•Private I	Iail Service		
•Storage			
•Western		rago	
	oping and Stor ng Service	raye.	
	Express/UPS		Ì
·FAX (Tel			ì
•Word Pro	ocessing		1
CopierBookke	onina		1
DOUNNE			\
		m Numbers sented to file claim)	į
			1
1		13	·
4		1 1	
		1 1	
2		4	
-	```		
	— Shippi	ng Receipt —	

U.S. Amount	Can. Amount	Date			
In the event of a question about your shipment, please call (206)988-8711.					
Give your claim numbers and the date. All claims must be made within 90 days					
of shipping. Hagens will act as your agent in filing any claims with the carrier					
and will rely on the carrier's investigation to determine any compensation due.					
Remember, package your parcel in a manner to avoid damage.					
(Claim Number must be presented to file claim)					

Contents				Value	
Name #3					
Address				,	
City	,	State		Zip	
Contents				Value	
#4 Contents			\	Value	
För Offi	e Use Ohly	.— Do Nöt \	Write Below	This Box	
Package#	Pkg #1	Pkg #2	Pkg #3	Pkg #4	
Weight					
Zone					
UPS.					
Insurance					
Misc.					
COD Amt					
COD claim #	<u> </u>				
Claim #					

I I CHIE H REASE I THILLY

City

City

City

Name

Address

Name #1 Address

Name #2 Address

Contents