Fax Forms: Please fax this form to **619-325-5959**

SHIPPING REPORT FORM **Login Name _____**

Please use the appropriate abbreviation for the shipping method preferred for each transaction.

FP- FedEx Priority
FS- FedEx Standard Overnight
F2- FedEx 2day
FF- FedEx First Overnight
FH- FedEx Home Delivery
FE- FedEx Express Saver
FIP- FedEx International Priority
FIE- FedEx International Economy
FG- FedEx Ground Service
PO- Post Office Overnight
RM- Registered Mail

UPS-Next Day Air
UPS-Next Day Air Saver
UPS-2nd Day
UPS- UPS Ground

Carrier Service	Tracking #	Zip Code	Total Declared Value	Total ShipGuard Value

TOTAL- _____ **TOTAL-** _____

By filling out the above information, faxing and/or registering this form by any means of conveyance to Jewel Systems Inc., I, as an authorized representative of the company (see membership number), agree to all terms and conditions of Jewel Systems Inc. and its service providers.

See your email account for a bill confirmation number. Make copies of this invoice for your personal records.