

SEND BOX



Date:

FROM:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

NAME
DEPARTMENT
LOCATION
PHONE

DELIVER TO:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

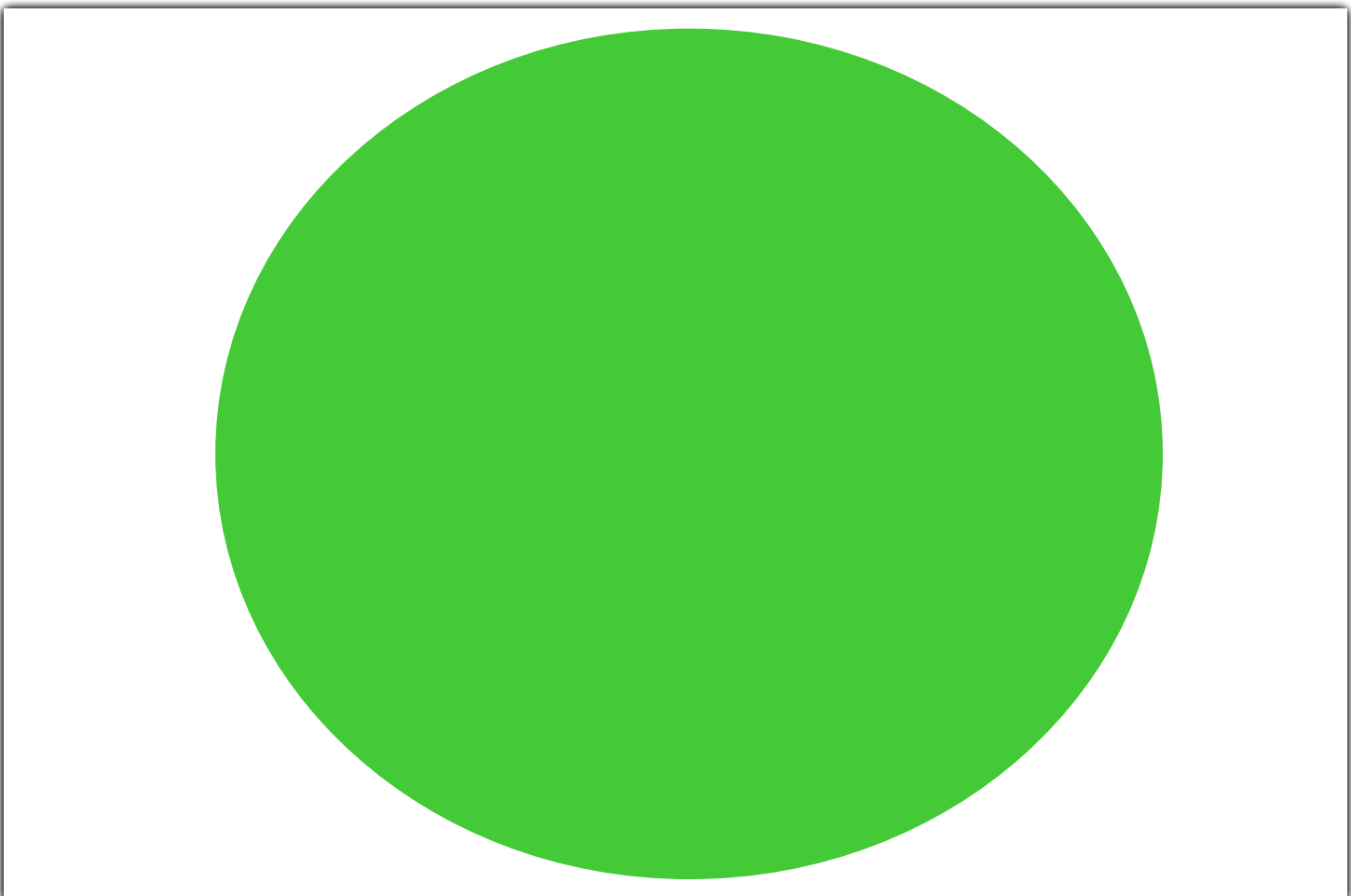
CARRIER:

Name :

Company:

Total No. of Boxes

Box Number



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