

# 2011-12 Request Form to Receive Orders by

**FED EX**

**School or Group :** \_\_\_\_\_ **Scrip Program Acct. #** \_\_\_\_\_

**Contact Person :** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Name and Address where order is to be sent \* :**

\* If information changes, please print and fax new form as soon as possible. FAX 503-431-4080

\_\_\_\_\_  
\_\_\_\_\_ **Zip** \_\_\_\_\_

**FEDERAL EXPRESS Account # :** \_\_\_\_\_

**Please send our order :**

- \_\_\_\_\_ Fed Ex Priority Overnight (Delivery by 10:30 AM) \*
- \_\_\_\_\_ Fed Ex Standard Overnight (Delivery by 3 PM) \*
- \_\_\_\_\_ Fed Ex Express Saver (3 business days delivery by 4:30 PM)
- \_\_\_\_\_ Fed Ex 2 Day Delivery (delivery by 4:30 PM)\*

**NOTE: Shipping method can NOT be changed from week to week.**

\* Please check Fed Ex website for available zip codes and transit times

**Cost :**

**Our agreement with Fed Ex provides a Special Combined Group Discount Rate for our customers!**

All of our customers will be listed under our group number and your account # will be linked to it. We will relay your # to Fed Ex.

- Fees will vary depending on the size of your order (weight of cards and certificates), and your shipping preference; ranging from \$7-12 +. Please refer to the Fed Ex website for information: [www.FedEx.com](http://www.FedEx.com)
- You will receive your billing directly from Federal Express

**Tracking :** - Your orders will be sent out on Wed. evening to arrive per your preference request above

- We can provide a Tracking Number for your order and it can be checked online

- Email address of person to receive automated shipment notification and tracking info:

email: \_\_\_\_\_

**Agreement and Liability Waiver :**

The Scrip Service Center will work cooperatively with all parties to resolve issues relating to shipping should they occur.

We, the above mentioned school/group, accept responsibility for the mailing of our scrip order. We realize that after our order leaves the Scrip Service Center, we become the responsible party.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Send:** Please fax, mail or bring this original form in to: Scrip Service Center, 6960 SW Sandburg St, Tigard, OR 97223  
Fax 503-431-4080