



# Supplies Request Form

Date \_\_\_\_\_

Customer \_\_\_\_\_  
Name Account Number

Ship to \_\_\_\_\_  
Company Name

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Attention \_\_\_\_\_

Phone \_\_\_\_\_

Check supplies needed	Quantity
<input type="checkbox"/> Mail Waybills	_____
<input type="checkbox"/> Courier Waybills	_____
<input type="checkbox"/> Mail bag ties	_____
<input type="checkbox"/> Mail bags	_____
<input type="checkbox"/> Courier stickers	_____
<input type="checkbox"/> Waybill windows	_____
<input type="checkbox"/> Letter Express envelopes	_____
<input type="checkbox"/> Lot labels	_____
<input type="checkbox"/> Delivery address labels	_____
<input type="checkbox"/> Pickup request forms	_____
<input type="checkbox"/> Courier Pouches	_____

Fax to  
**203.849.2710**

Mail to  
**Premier Worldwide Express**  
P.O. Box 785  
Wilton, CT 06897  
203.849.2700 • 800.849.7364

Please allow two business days for delivery.