

Application



About You

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Email Address: _____

About Your Shipping

Packages shipped per month: _____ Average value per package: _____

Commodity shipped (please be specific): _____

Shipping software used:

| | | | | | | | |
|-----------|--------------------------|-------------|--------------------------|---------------------|--------------------------|---------------|--------------------------|
| Endicia | <input type="checkbox"/> | USPS.com | <input type="checkbox"/> | FedEx Ship Manager | <input type="checkbox"/> | UPS WorldShip | <input type="checkbox"/> |
| Stamps | <input type="checkbox"/> | ShipStation | <input type="checkbox"/> | FedEx.com | <input type="checkbox"/> | UPS.com | <input type="checkbox"/> |
| ShipWorks | <input type="checkbox"/> | StarShip | <input type="checkbox"/> | IBS Desktop Shipper | <input type="checkbox"/> | Shipping Easy | <input type="checkbox"/> |
| Other: | _____ | | | | | | |

Carriers: USPS FedEx UPS DHL: Other: _____

Packages Lost or Damaged in Last 2 Years: _____ Total Dollar Value: _____

Lastly

When do you need coverage to start? _____

How did you hear about us? _____

I certify that the above information is accurate and complete to the best of my knowledge.

Name Title Date

Please email or fax completed form to sales@u-pic.com or 818.971.3329 respectively.
Upon receipt of the application you will be contacted within 24 hours by a U-PIC sales representative.