

Briney Shipping Order Form

Initials: _____

Packed On: _____

Today's Date: _____

Ship Date: _____

Keyed In: _____

Ship To:

| | | | |
|-----------------|-------------------|----------------|---------------|
| Next Day | 2nd Day AM | 2nd Day | Ground |
|-----------------|-------------------|----------------|---------------|

Name: _____

Shipping Address: _____

City: _____

State: _____

ZIP: _____

From:

Name: _____

Phone: _____

Email: _____

| |
|--------------|
| NOTES |
| |

| | | |
|-------------|-----------|-----------------|
| VISA | MC | DISCOVER |
|-------------|-----------|-----------------|

#: _____

Exp. Date: _____ V-Code: _____

| ITEM TO BE SHIPPED | SIZE | LBS SHIPPED | PRICE /LB | TOTAL |
|--------------------|------|-------------|-----------|-------|
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|--------------------------|----------------|----------------|----------------|----------------|
| SHIP WEIGHT | | | | |
| BOX & GEL ICE | \$10.00 | \$15.00 | \$20.00 | \$25.00 |
| GRAND TOTAL | \$ | | | |