

ORDER FORM

Umeå Universitet

E-mail to order.swe@ysds.com, waybills will be returned to sender's address

SHIP FROM		
Sender (Section/Dep. & address):	Invoice reference (mandatory)*:	
	E-mail:	
	Phone number:	
SHIP TO		
Recipient (Company & address):	Attention (name):	
	Receiver e-mail:	
	Receiver phone:	
SHIPMENT INFO		
Contents:		
Number of boxes:	Total weight:	Dimensions (WxHxL, cm):
Service type (delivered before): <input type="checkbox"/> 12:00 <input type="checkbox"/> 17:00 <input type="checkbox"/> Special <input type="checkbox"/> Pallet delivery	Insurance value (SEK):	
Other: <input type="checkbox"/> Containing batteries <input type="checkbox"/> Dangerous goods <input type="checkbox"/> Contact me for assistance <input type="checkbox"/> Dry ice (UN1845) _____ kg dry ice <input type="checkbox"/> Biological substances (UN3373)		
Additional information:		
FOR RECIPIENTS OUTSIDE EU		
Who is paying taxes/duties: <input type="checkbox"/> Sender <input type="checkbox"/> Recipient <input type="checkbox"/> Contact me for assistance		Customs value (SEK):
Description for customs ³ :		

¹ Highest value of volume weight or actual weight

² Cost of insurance is 1 % of insured value

³ If this shipment contains commercially sold goods, please attach the invoice



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**Special
Delivery**
Service