

Shipping Information

Shippers Name: _____

Return Address: _____

Receivers Name: _____

Group Name: _____

Group Contact Name: _____

Expected Arrival Date: _____

Will you be staying at the Hotel: _____

Number of boxes _____ @ \$5.00 per box = _____ (TOTAL) Boxes which is greater than 30 pounds: (Weight) @ .20 per pound = _____ (TOTAL) Pallets _____ @ \$110.00 per pallet

Method of Payment

Circle one:

Credit Card

Master Account

Room Account

If paying By Credit Card please call 928-284-6918, between the hours of 8AM -4 PM PST to give cc over the phone

If paying by Room Account please list

First and Last name: _____

And

Hotel confirmation number _____

Charges will be applied upon receiving the package

****All Master Account Charges MUST be approved by the Groups Meeting Planner****

**Due to the lack of equipment special arrangements may need to be made for heavy and or large freight.*
