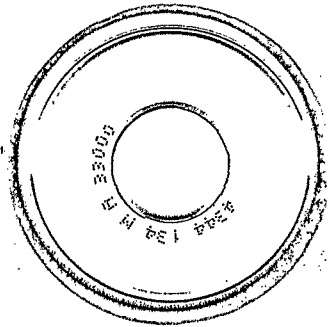


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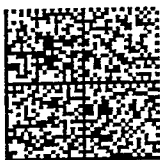
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| Date Accepted (MM/DD/YY) | Scheduled Delivery Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Insurance Fee \$ | COD Fee \$ | | | | |
| Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Loss Guarantee Only | Return Receipt Fee \$ | | | | | |
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