

DELIVERY SERVICE CUSTOMER LABEL



BILL OF LADING #: _____

CUSTOMER'S LAST NAME: _____

OF PACKAGES: ____ OF ____

ASSOCIATE INITIALS: _____ DATE: _____

DELIVERY SERVICE CUSTOMER LABEL



BILL OF LADING #: _____

CUSTOMER'S LAST NAME: _____

OF PACKAGES: ____ OF ____

ASSOCIATE INITIALS: _____ DATE: _____

DELIVERY SERVICE CUSTOMER LABEL



BILL OF LADING #: _____

CUSTOMER'S LAST NAME: _____

OF PACKAGES: ____ OF ____

ASSOCIATE INITIALS: _____ DATE: _____