



PROOF OF DELIVERY REQUEST FORM

By signing this form, UCL Inc. has been given permission to charge against the card you have listed for nonrefundable Proof of Delivery (POD) service fee.
Please provide the information bellow.

FULL NAME:

RESPONSIBLE FOR THE FORM INPUT

COMPANY NAME:

ADDRESS:

PHONE:

FAX:

E-MAIL:

CARDHOLDER'S NAME:

CREDIT CARD NUMBER:

EXPIRATION DATE:

SECURITY CODE:

BILLING ADDRESS:

CARDHOLDER'S SIGNATURE:

DATE:

Applicable charges include a \$15 fee per B/L or C/R every 3 months prior to requested date.

For company check or money order payment, please e-mail the copy of the check with this form.

BILL DATE	BL# OR CR#	SHIPPER	CONSIGNEE	CHARGE
TOTAL POD CHARGE:				

**“SHIP WITH CONFIDENCE, SHIP UCL”
WWW.UCLINC.COM**