



WESTERN MICHIGAN UNIVERSITY Federal Express Self-service Shipping Form

DEPARTMENT INFORMATION

Department:

Contact Person:

Phone Number:

Fax Number:

Email Address:

PHYSICAL STREET/BUILDING/ROOM ADDRESS

Street:

Building:

Room:

City:

State:

Zip-Mail Stop:

USER INFORMATION:

First Name:

Last Name:

Email Address:

Phone Number:

Fund/Cost Center:

PLEASE NOTE:

Your User ID is your first initial/last name combination. (e.g.: John Smith's User ID would be jsmith.)
Your password will be emailed to the user's email address listed in their profile.

ADDITIONAL DEPARTMENT USERS

Add User 2:

User 2 Email:

Add User 3:

User 3 Email:

Add User 4:

User 4 Email:

Add User 5:

User 5 Email:

Add User 6:

User 6 Email:

Would you like to be able to ship packages from any location with internet access and a laser/deskjet printer?

Please indicate what FedEx services you want available to individual users in your department. If you wish to have all levels of services, *please check this box* .

- | | | |
|---|---|--|
| <input type="checkbox"/> First Overnight | <input type="checkbox"/> Express Saver | <input type="checkbox"/> International Priority |
| <input type="checkbox"/> Priority Overnight | <input type="checkbox"/> Ground Commercial | <input type="checkbox"/> International Next Flight |
| <input type="checkbox"/> Standard Overnight | <input type="checkbox"/> Ground Home Delivery | <input type="checkbox"/> International Economy |
| <input type="checkbox"/> 2nd Day Air | <input type="checkbox"/> Ground to Canada | |