

# Express Parcel Delivery Order

Order Number:

Order Date:

## Sender Information

Store Name:

Contact Name:

Phone Number:

Address:

## Recipient Information

Recipient Name:

Phone Number:

Delivery Address:

City / State / ZIP:

## Parcel Details

Item Description	Quantity	Weight (kg)	Value
<input type="text" value="Description"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Description"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Delivery Service:

Special Instructions:

Sender Signature:

Date: