



eBay Customer Request for USPS Co-Branded Expedited Packaging Supplies Order Form

Send completed order form (Sections A and B) to: USPS-Orders@VictoryPackaging.com

A. SHIPPING INFORMATION (Completed by Customer)			
Order Placed By (First Name, M.I., Last Name)		Date Order Placed (MM/DD/YYYY)	
Business or Customer Name		ATTN	
Physical Street Address Line 1		Physical Street Address Line 2 (e.g. Building, Suite, Unit)	
City	State (e.g. DC)	ZIP+4® Code	
Phone Number (Include Area Code)		Email Address	

B. EXPEDITED PACKAGING SUPPLIES REQUESTED (Completed by Customer)			
ITEM NUMBER	QUANTITY ORDERED	UNIT OF MEASURE (UOM)	REQUIRED INCREMENT
EBAY-1092V		EA	5
EBAY-1092X		EA	10
EBAY-BOX4V		EA	5
EBAY-BOX7X		EA	10
EBAY-FRB1V		EA	5
EBAY-FRB1X		EA	10
EBAY-FRB2V		EA	5
EBAY-FRB2X		EA	10
EBAY-SHOEBOX-V		EA	5
EBAY-SHOEBOX-X		EA	10

C. THIS SECTION IS FOR VICTORY PACKAGING (Completed by Victory Packaging)	
Shipment Date Sent to Customer (MM/DD/YYYY)	Victory Packaging Representative Name (First Name, M.I., Last Name)



eBay Customer Request for USPS Co-Branded Expedited Packaging Supplies Order Form Instructions

Instructions for completing the eBay Customer Request for USPS Co-Branded Expedited Packaging Supplies Order Form.

A. SHIPPING INFORMATION *(Completed by Customer)*

Order Placed By	Enter the name (first name, middle initial, last name) of the customer placing the order.
Date Order Placed (MM/DD/YYYY)	Enter the month, date, and year of the date order placed by the customer (MM/DD/YYYY).
Business or Customer Name	Enter the business or customer name that the Expedited Packaging Supplies will be delivered to.
ATTN	Enter the name of the person (first name, middle initial, last name) who will receive the Expedited Packaging Supplies.
Physical Street Address Line 1	Enter the physical street address of where the Expedited Packaging will be delivered.
Physical Street Address Line 2	Enter the building, suite, and/or unit number of where the Expedited Packaging will be delivered (e.g. STE 209).
City	Enter the city of where the Expedited Packaging will be delivered.
State	Enter the state of where the Expedited Packaging will be delivered (e.g. DC).
ZIP+4® Code	Enter the 5-digit ZIP Code plus the 4-digit sector/segment of where the Expedited Packaging will be delivered (e.g. 20260-5649).
Phone Number	Enter the telephone number (including area code) of the customer placing the order.
Email Address	Enter the customer's email address (e.g. jane.g.doe@company.com) to receive order updates.

B. EXPEDITED PACKAGING SUPPLIES REQUESTED *(Completed by Customer)*

Quantity Ordered	Enter the number of each Expedited Packaging Item requested.
-------------------------	--

C. THIS SECTION IS FOR VICTORY PACKAGING *(Completed by Victory Packaging)*

Shipment Date Sent to Customer (MM/DD/YYYY)	Enter the month, date, and year of the date the shipment was sent to the customer (MM/DD/YYYY).
Victory Packaging Representative Name	Enter name (first name, middle initial, last name) of the person at Victory Packaging that has confirmed the shipment date sent to the customer.