

ACCOUNT INFORMATION FORM

eShipGlobal Parcel Service

FedEx

Date: _____

To: Mail Services USB 128
 Email: mail.services@unt.edu

Phone: 940-565-2286 Fax 940-369-8646

Dept. Name: _____

Contact Person _____ Contact Ph#: _____

We must have the first 4 sets of #'s to process mail.

(1) ORG. DEPT * (6 Digits)	(2) FUND CATEGORY * (3 Digits)	(3) FUND * (6 Digits)	(4) FUNCTION * (3 Digits)

**required*

PROJECT ID (7 Digits)	PROGRAM (4 Digits)	PURPOSE (5 Digits)	SITE

PC BUS UNIT	ACTIVITY ID	ANALYST TYPE	

Authorized by: _____
 (Please print)

tracking # or est. charges please provide Email address: _____

Boxes over 70lbs. must be delivered to mail services in the USB.

Estimated number of pieces: _____

**NO P.O. BOX*

(Please check)

Residential ___ Business ___ Tracking ___ Signature ___ Insurance amount _____

Ship To:

Name: _____

Address: _____

City / State / Zip: _____

Receiver PH#: _____