

6 SHIPPING TO NVSL FADDL



IMPORTANT

All samples to be shipped to NVSL FADDL must be shipped via FedEx® Priority Overnight. Phone contact or notification must be made with NVSL FADDL prior to shipment.

FEDEX® PRIORITY WEEKDAY OVERNIGHT (For samples to be received Monday–Friday)

A. RECIPIENT INFO

Name: **FAD Priority 1,2,3,A**
 Phone: **(631) 323-3256**
 Company: **USDA/APHIS/FADDL**
 Address: **Orient Point Warehouse, 40550 Rte 25**
 City: **Orient Point** State: **NY** Zip: **11957**

B. HOLD LOCATION (REQUIRED)

Hold Location Address:
579 Edwards Ave., Calverton, NY 11933
This address must be included; It enables NVSL FADDL personnel to pick up the package as soon as possible in the morning, therefore allowing a full day of laboratory testing and studies.

C. BILLING

Bill to Sender, using the **billing number or account number** obtained from the AVIC.

D. BILLING REFERENCE

For Internal Billing Reference, use the **accounting code** obtained from the AVIC.

E. HOLDING

Samples received Monday–Friday:
 Check **HOLD Weekday**.

F. SERVICE

Check **FedEx® Priority Overnight**.

G. SPECIAL HANDLING

Check **Direct Signage**.
 Check **Yes, Shipper's Declaration not required**.

Remember to retain the Sender's Copy of the airbill for your records.

FedEx Tracking Number: **8986 9057 0473**

1 From Please print and press hard.

Date: _____

Sender's Name: _____ Phone: (____) _____

Company: _____

Address: _____
Dept./Floor/Suite/Room

City: _____ State: _____ ZIP: _____

3 To Recipient's Name: **FAD Priority 1,2,3,A** Phone: **(631) 323-3256**

Company: **USDA/APHIS/FADDL**

Address: **Orient Point Warehouse, 40550 Rte 25**
We cannot deliver to PO boxes or P.O. ZIP codes.

City: **Orient Point** State: **NY** ZIP: **11957**

Form ID No. **0200** Sender's Copy

F Express Package Service *To most locations. *Packages up to 150 lbs.*
For packages over 150 lbs., use the new FedEx Express Freight US Airbill.

NOTE: Service order has changed. Please select carefully.

Next Business Day	2 or 3 Business Days
<input type="checkbox"/> FedEx First Overnight <small>Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.</small>	<input type="checkbox"/> NEW FedEx 2Day A.M. <small>Second business morning.* Saturday Delivery NOT available.</small>
<input checked="" type="checkbox"/> FedEx Priority Overnight <small>Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.</small>	<input type="checkbox"/> FedEx 2Day <small>Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.</small>
<input type="checkbox"/> FedEx Standard Overnight <small>Next business afternoon.* Saturday Delivery NOT available.</small>	<input type="checkbox"/> FedEx Express Saver <small>Third business day.* Saturday Delivery NOT available.</small>

5 Packaging *Declared value limit \$500.

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

G Special Handling and Delivery Signature Options

SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without obtaining a signature for delivery.

Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods? One box must be checked.

No Yes As per attached Shipper's Declaration Yes Shipper's Declaration not required Dry Ice UN 1845 _____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. Cargo Aircraft Only

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed Recipient Third Party Credit Card Cash/Check

FedEx Acct. No. _____ Exp. Date _____
 Credit Card No. _____

Total Packages: **1** Total Weight: **10** lbs. Total Declared Value¹: \$ _____

1 Your liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.