



End Tab Program

SHIPPING LABEL REQUEST FORM

PLEASE PRINT OR TYPE

(All Information Must Be Complete In Order To Receive Labels)

Shop Name: _____

Owner/Technician: _____

Address _____

(No Post Office Boxes)

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

of Boxes: _____ End Tab ID#: _____

Estimated weight for each box: _____

WD Name: _____

Parts Store Name: _____

LIMIT 3 LABELS PER WEEK

**Mail or fax to:
End Tab Headquarters
3085 Fountainside Dr., Ste. 210
Germantown, TN 38138
FAX (901) 682-9098**