



C.O.D. Enhancement Products - Request for Quote

Attention: Customer Service Representative / C.O.D. Enhancements

Please fax completed and signed document to 866.459.1467. *Thank You.*

Please complete all sections.

Program(s) Applying For:

C.O.D. Automatic SM

C.O.D. Secure[®]

General Shipping Information

Company Name: _____

Federal ID#: _____

Headquarters Address: _____

Contact Person

Name:		Title:	
Phone:	() -	Fax:	() -
Email:			

Years in business: _____ *If less than one year, will need to complete a credit application. Please notify your UPS contact.

Type of business (Check the box that most closely describes the nature of your business):

Manufacturing Wholesale Sales Retail Sales Other, please specify: _____

Please describe your customer mix: Repeat customers: _____%

One-time customers: _____%

Total: 100%

How do you market your products?

Face-to-Face Direct Mail Telemarketing Internet Other, please specify: _____

List all Shipper Numbers that will be participating in the Program (use separate sheet if needed):

Shipper Number:		Shipper Number:	
Shipper Number:		Shipper Number:	

(Note: All UPS C.O.D. shipper numbers MUST be included. Complete the attachment "C.O.D. Information by Location" for each shipping location)

Average dollar value of C.O.D. shipments from all shipper numbers that will be participating in the Program:

Annual UPS C.O.D. Values: (Current UPS Activity, only)	\$	Annual UPS C.O.D. Packages: (Current UPS Activity, only)	
Annual C.O.D. Values: (Activity with other carriers; Supporting details MUST be provided)	\$	Annual C.O.D. Packages: (Activity with other carriers; Supporting details MUST be provided)	
Total C.O.D. Values:	\$	Total C.O.D. Packages:	

Describe the transportation service levels used for your C.O.D. Shipping:

Service Level	Percentage of total C.O.D. shipping
Ground:	%
Next Day Air:	%
Second Day Air:	%
Three Day Select:	%
Total:	%

Most common reason for shipping UPS C.O.D. (Please segment your C.O.D. shipments to fit the following.)

Failed credit check	_____%	We don't offer credit terms	_____%
Unfavorable credit experience	_____%	Customer request	_____%
Do not accept credit cards	_____%	Other (Please describe below.)	_____%

Total: 100%

Prior to accepting a customer's check for a C.O.D. shipment, do you normally (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Obtain a valid credit card number | <input type="checkbox"/> Verify the customer's telephone number |
| <input type="checkbox"/> Obtain a valid driver's license | <input type="checkbox"/> Other, please specify: _____ |

Of your total UPS C.O.D. shipping, what will be your split between commercial and residential addresses?

Commercial addresses _____% Residential addresses _____%

Financial Information *(Complete Each Section.)*

Describe your current processes and criteria for accepting a customer check for a UPS C.O.D. shipment:

If you begin using one of the C.O.D. Enhancement programs, do you expect these procedures to change? If Yes, please explain how below:

- Yes
- No

Do you require that C.O.D. deliveries be made only to the customer's primary residence or primary place of business?

- Yes
- No

What is your return policy?

How did you become aware of the UPS Capital C.O.D. Enhancement programs?

Has a subsidiary or affiliate of your company ever applied for any C.O.D. Enhancement program from UPS Capital or its affiliates? If yes, please indicate if the application was denied and the reason(s) for denial.

- Yes
- No

Reason(s): _____

The C.O.D. Enhancement programs may involve an extension of credit, based on the advancement of funds for anticipated C.O.D. receipts. You authorize UPS Capital and/or its agents ("we" or "us") to investigate and verify, in any way we choose, any or all of the foregoing statements, and your creditworthiness and financial responsibility generally. In this regard, you further grant to us the right to procure any and all credit reports pertaining to you and specifically instruct any credit reporting agency (commercial or consumer) to provide any such credit reports which we may request in reference to you prior to or at any time during your participation in any of the C.O.D. Enhancement programs.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact UPS Capital Trade Protection Services, Inc, at 35 Glenlake Pkwy, Suite 320, Atlanta, Georgia 30328, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Comments

Please add any comments or additional information that you believe is important for UPS Capital to utilize in processing this Request for Quote.

This Request for Quote is your application for participation in one of the C.O.D. Enhancement programs. If applicable, the preliminary quote that you have requested is a non-binding indication of a service fee and other liability or transfer limits that may apply to your participation in the C.O.D. Enhancement programs. We are relying on the information provided by you in furnishing any quote or service to you. Any preliminary quote is subject to change pending the final underwriting review. We reserve the right to modify and/or withdraw our offer to you based upon additional information arising out of the confirmation of the details of your business. The C.O.D. Enhancement programs may not be available in all geographic areas.

After completion of the final underwriting review, you will be contacted by our representative with the final quote. This final quote will be available to you for the thirty (30) calendar days following our communication to you and will be subject to your execution of a C.O.D. Enhancement Program Procedures and Agreement and Signature Authorization. If you do not execute and return to us the program agreement and application to begin your participation in one of the C.O.D. Enhancement programs within thirty (30) days after our communication, our offer to you will be automatically withdrawn. Any future consideration by us of your program eligibility will require that you submit a new Request for Quote. Any services provided by us are subject to the terms, conditions and charges set forth in the C.O.D. Enhancement Program Agreement with you.

If you qualify and participate in the program, our obligations to you under the C.O.D. Enhancement program Agreement with you are void if you make a false statement herein, or otherwise provide to us any statement that is false or if you omit any information which would make any statement made to us herein or otherwise misleading.

The individual signing on behalf of the Company below hereby represents that he or she has the full capacity, if an individual or sole proprietor, or power and authority to execute and deliver this Request for Quote.

Please sign below to indicate your concurrence with the foregoing.

Signature:	
Print Name:	
Title:	
Date:	

**Must be an authorized representative of the company.*

C.O.D. Information by Location

Please complete one page for each shipping location.

Local Name: _____

Address: _____

UPS Account Number: _____

Commodities that will be shipped UPS C.O.D. (Be as specific as possible)

Of your total UPS C.O.D. shipping, what will be your split between commercial and residential addresses?

Commercial addresses _____ % Residential addresses _____ %

Annual UPS C.O.D. Values: (Current UPS Activity, only)	\$ _____	Annual UPS C.O.D. Packages: (Current UPS Activity, only)	_____
Annual C.O.D. Values: (Activity with other carriers; Supporting details MUST be provided)	\$ _____	Annual C.O.D. Packages: (Activity with other carriers; Supporting details MUST be provided)	_____
Total C.O.D. Values:	\$ _____	Total C.O.D. Packages:	_____

What size is your C.O.D. customer base?

- Small business, estimated revenue less that \$10 million _____ %
- Medium business, \$10 million - \$50 million _____ %
- Large business, estimated revenue over \$50 million _____ %

How do you market your products and attract customers?

To what types of businesses will you ship UPS C.O.D.? (Check all that apply)

- Distributors/Warehouses
- Fairs
- Flea markets
- Individuals
- Retailers
- Other _____