



# Alternate Delivery Address Request Form

ICS Customer Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_,

PLEASE PRINT NAME BUSINESS NAME

hereby authorize ICS Courier and its agents to redirect all parcels addressed to the above location to the following location:

Business/Consignee Name \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

**Effective from** \_\_\_\_\_ **to** \_\_\_\_\_

MM/DD/YYYY MM/DD/YYYY

*Please note:*

- *Redirect services are available for a minimum of 7 days to a maximum of 30 days in duration.*
- *If you require redirect service extended beyond 30 days, please complete and submit an additional form.*
- *An additional \$60 service charge is applicable to each request submitted*

I understand and agree to the service charge of \$60 for this service. I also release ICS Courier and its agents of any liability should they be unable to obtain a signature for parcels delivered to this alternate address.

\_\_\_\_\_  
SIGNATURE DATE

Please email completed form back to [cservice@icscourier.ca](mailto:cservice@icscourier.ca)