



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, plus FSC and taxes, 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