

Lost & Found Shipping Form

Guest Name:	Today's Date:
Check-out Date:	Room No. :
Description of Lost Item:	

Shipping Method:

<input type="checkbox"/> USPS	<input type="checkbox"/> FedEx Ground	<input type="checkbox"/> FedEx Standard Overnight	<input type="checkbox"/> FedEx 2Day®
<input type="checkbox"/> FedEx Express Saver	<input type="checkbox"/> FedEx First Overnight	<input type="checkbox"/> FedEx 2Day®AM	

Insurance Option: **Yes** —Declared value **No**

Shipping Address:

City:	State:
Contact No. :	Zip Code:

Payment Information:

Credit Card: [[SertifiPaymentAuthAddress_1]]

Name On Card: _____

By signing this authorization, I acknowledge that I am the rightful cardholder and sole authorized user of the credit card provided above. Furthermore, I acknowledge that the card is active, in good standing, with the full capacity to settle all charges that I have committed and obligated to. By providing my card information, I fully authorize the Hotel to settle all shipping charges that are applicable.

Cardholder's Signature:
[[SertifiSignature_1]]