Micro-Tan
226 Niles Street
P. O. Box 110
Blue Mound, IL 62513

Office Use

Project Number:_____

Date Recieved:_____

Box or Cooler;_____

Bin Number:_____

Shipping Form

Taxidermy Company Name_____
Taxidermist Name_____
Address_____
City_____ State_____ Zip Code_____

Phone number	E-mail Address	Shipped Via: Shipping Date:

Qty	Species	Capes	Lifesize or 1/2 LS	Flat skin Dry Tan	Frozen	Salted

Please specify what each item is: ie: Coyote LS, Deer Cape, Antelope Flat Skin.
Please number all boxes/Coolers on top "1 of___"

Phone: 217.692.2792 www.microtan.com