



**Corporate Office**

2215 Kausen Dr. • Elk Grove, CA 95758  
Phone: (916) 478-2100 • Fax (916) 478-2040

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Shipping Address(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event that we will be regularly asked to leave materials for your company without a proof of delivery, we hereby request that you sign the statement below releasing us of responsibility for these goods.

\_\_\_\_\_

“I, the undersigned, hereby accept full responsibility for any goods not signed for when specifically left, at my request, without signature of acceptor”.

\_\_\_\_\_  
Signature /Title

\_\_\_\_\_  
Date