



Signature Release Authorization Agreement

This form authorizes us to leave future shipments.

Please complete and give to courier.

Please print in the boxes provided and use CAPITAL letters. Avoid contact with the edge of the box.

Company Name or Your Name _____

Address _____

Apartment/Suite No. _____

City _____

State _____ ZIP Code _____ Phone _____ / _____ - _____

Specify a safe and secure location at YOUR ADDRESS where packages are to be left. Remember, FedEx cannot leave shipments in mailboxes.

Secure Location _____

Signature _____

Under many circumstances when FedEx delivers a package, someone must sign for it. This signature provides proof that the package has been delivered. By signing this Release Authorization Agreement, however, you allow FedEx to deliver your packages according to these instructions and without obtaining a signature at the time of delivery.* When both you and a FedEx representative have completed and signed this form, this release is your authorization to have your packages delivered without FedEx obtaining your signature. (This agreement is effective 3 weeks from the date it is received by FedEx.) You agree that: If you request a P.O.D. (proof-of-delivery), you will receive a receipt listing the designated place of delivery and the release number of the signature as shown on the notice. You acknowledge that when FedEx has delivered the

package according to the terms of this Agreement, you agree to indemnify FedEx and hold FedEx harmless from all liability claims, including any expenses, attorneys' fees or other litigation costs due to any loss and/or damage to shipments delivered by FedEx under this Agreement. If you want to cancel this Agreement, or if your business closes or relocates, you must give FedEx prior notice of at least 7 calendar days. You will not hold FedEx liable for failure to comply with this Agreement.

*Certain restrictions apply. Please call 1.800.GoFedEx 1.800.463.3339 for a listing of these restrictions.

FedEx Use Only	
Approved by _____	_____
Date _____	_____
Station Mgr. _____	_____
Employee No. _____	_____
Release No. _____	_____

159457 Rev 8/05



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