



**AUTHORITY TO LEAVE PARCEL WITHOUT
SIGNATURE FORM**

I hereby authorise SUZIE LOGISTICS LTD and its servants, agents and subcontractors (the carrier) to leave parcel at the location and address set out below on the conditions set out hereunder:

NAME:

POSITION:

COMPANY:

ADDRESS:

DELIVERY POINT:

SIGNATURE:

DATE:

1. Please nominate a safe area where the courier can leave your parcel.
2. The business, company/or persons giving this Authority indemnifies STATES EXPRESS LTD and its servants, agents and subcontractors against claim or loss, arising from delivery as above authorised.

Please email back to:
cs@suzielogistics.com