

Name and Address of Firm or Individual (Include Apt./Suite No.)

By (Signature and title of person signing order) Telephone No.

The above-named firm or individual hereby authorizes representative whose signatures appears below to receive Adult Signature Required, Certified, Insured, C.O.D., Express Mail®, Signature Confirmation™, unrestricted Registered Mail™, and special delivery Mail addressed to or in care of the above-named firm or individual until otherwise notified in writing, and assumes all responsibility for loss, rifling, or damage of said mail after proper delivery. All previous orders are hereby revoked.

**SPECIAL INSTRUCTIONS:** Where Restricted Delivery and/or Adult Signature Restricted Delivery mail are included, the statement "This authorization is extended to include Restricted Delivery and/or Adult Signature Restricted Delivery mail" must be entered on the delivery order by the person signing it. This notation is to be made on the part of the form for signatures of authorized agent. NOTE: Unknown signatures must be identified.

Signature of Clerk Verifying Customer's Signature Date

**SIGNATURES OF AUTHORIZED AGENTS**
