SHIPWRECKSalvage.net
312-324-0000
info@ShipWreckSalvage.net

One Time Alternate Address

I _____, having the authority to act on behalf

of _____, authorize **GLADYS DUPUY and/or, as/of ShipWreckSalvage.net** to ship to the Alternate Address as indicated below

RE: **Order#** _____.

I acknowledge that the new shipping location is different from my billing address; Whereas I am entrusting for the designated person or place as my Freight Forwarder, to inspect the shipment on my behalf, for any signs of loss or damages, prior to accepting and/or signing any papers release papers from the carrier; as such, releasing **GLADYS DUPUY, and/or, of/as, SHIPWRECKSALVAGE.NET** from any liability in the event where theft or loss occurs to the shipment after delivery has been completed, and released, as per carrier records.

Hence, Loss and/or Theft cannot be replaced as they will be assumed to have occurred while in the possession of my Freight Forwarder.

In the case any defective items received, I will notify the seller for Return Authorization having the defective part immediately for Return Instruction, within 2 weeks from the date Received by my Freight Forwarder. I also understand that all shipping and return shipping costs associated are at my own expense.

_____

Signature (This must be HAND Written) Today's Date

CUSTOMER BILLING INFORMATION:

Name AND/OR Business on Card _____

Complete Street Address _____

Town,State,Postal/ZipCode _____

COUNTRY: _____

Phone _____ **Email** _____

CUSTOMER SHIPPING INFORMATION *IF DIFFERENT FROM BILLING:*

Alternate Address Form Required for Shipping to any address that is different from the Billing Address

Name AND/OR Business on Card _____

Complete Street Address _____

Town,State,Postal/ZipCode _____

COUNTRY: _____ **Contact person** _____

Phone _____ **Email** _____

I have read and agree to the terms/conditions above, which is in conjunction with the One Time Authorization also read and signed by me.

_____

Signature (This must be HAND Written) Today's Date

DIRECTIONS
Signature & Date are required on both the upper and lower Sections

BILLING INFORMATION
I believe this is Self Explanitory

SHIPPING INFORMATION:
If this is being delivered, Please tell us the Name where it is being delivered to with Full Address and a Contact Name

Provide a means of contact either email, or Phone# is best

Sign / Date at the bottom (Blue Ink Preferred

Remember to send the signed copy back with your Authorization Form