



5376 Whilshire Blvd. Los Angeles, CA 90036
Tel. 323-930-4747 Fax. 323-933-9465
www.hairpiece.com

SIGNATURE RELEASE AUTHORIZATION
and
INDEMNIFICATION AGREEMENT FOR RECIPIENTS

This agreement is entered into this _____ day of _____ between The Hair Shop Inc.
and _____ (hereinafter "Recipient")

RECITALS

FedEx provides a high-priority package delivery service, which requires upon delivery obtaining a signature. The signature provides proof that the package has been delivered.

By signing this Authorization and Agreement, however, Recipient allows The Hair Shop to change its usual policy and deliver your packages according to these instructions: delivery of his packages to certain places without obtaining a signature by FedEx.

Therefore, for and in consideration of the mutual covenants contained herein, the parties hereto agree as follows:

- If you request a PROOF-OF-DELIVERY, you will receive a receipt listing the designated place of delivery. This shall constitute proof-of delivery in accordance with Recipients instructions.
- You acknowledge that when FedEx have delivered the package according to the terms of this Agreement, you agree to indemnify The Hair Shop Inc. and FedEx and hold The Hair Shop Inc. and FedEx harmless from all liability claims, including any expenses, attorney's 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 The Hair Shop Inc. prior notice of at least 7 calendar days. Otherwise, this Agreement becomes immediately null and void
- This agreement, executed as of the date appearing above, shall not become binding upon The Hair Shop Inc. until written approval via fax or email is given to Recipient.



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RECIPIENT

Please specify a Safe and Secure Location at YOUR ADDRESS where packages are to be left. Remember, FedEx cannot leave shipments in mailboxes.

RECIPIENT NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DAY TIME PHONE NUMBER: _____

FAX NUMBER: _____

SECURE LOCATION WHERE PACKAGES ARE TO BE LEFT

Date: _____

RECIPIENT SIGNATURE: _____