



1258 N. Highland Ave. Hollywood, CA 90038
Tel. 323-930-4747 Fax. 323-933-9465
www.thehairshop.com

PLEASE CHECK ONE
 PHONE ORDER
 WEBSITE ORDER

**SIGNATURE RELEASE AUTHORIZATION
and
INDEMNIFICATION AGREEMENT FOR RECIPIENTS**

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

RECITALS

UPS/ FED-Ex 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, Inc. to change its usual policy and delivery your packages according to these instructions: delivery of his packages to certain places without obtaining a signature by UPS/ FED-EX.

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 as proof-of-delivery in accordance with Recipients' instructions.
- You acknowledge that when UPS/ FED-EX have delivered the package according to the terms of this Agreement, you agree to indemnify The Hair Shop, Inc. and UPS/ FED-EX and hold The Hair Shop, Inc. and UPS/ FED-EX 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 UPS/ FED-EX under this agreement.
- If you want to cancel the Agreement, or if your business closes or relocates, you must give The Hair Shop, Inc. prior notice of at least seven (7) calendar says. 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 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, UPS/ FED-EX 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: _____

SIGNATURE RELEASE AUTHORIZATION AND INDEMNIFICATION AGREEMENT FOR RECIPIENTS

Please Fax Both Pages to 323-933-9465