Authorized Release Form

Note:

Items will not be released without a signed authorization from the invoiced buyer. In addition to this form, a release form generated by a shipping agent is acceptable. Payments must be posted to your account before property is released.

Name: (Please Print and Match Name on Invoice)		
Address (Billing if Different fro	m Ship To):	
Phone:	E-Mail:	
I authorizeName of shippe	to pick up the fo	llowing items from RO Schmitt.
	Date:	
Please confirm with the mail to Schmitt Horan &	shipper or third party and send the Co. at	nis form by fax, mail or e-
Please Ship To:		
•		
Business:		
Address:		
City:	State:	Zip Code:
Phone:	E-mail:	



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