



Date: ____ / ____ / ____

I, _____ authorise
(Customer Name)

(Third Party Agent / Courier Company)

to collect _____ on my behalf.
(Invoice Number/s)

I have arranged Priority Collection Y / N

If yes, for _____
(Date & Time)

Please note: We require a copy of your photo I.D. if this form is not returned via your registered email address. We will also need to sight photo identification from the person collecting goods on your behalf on arrival.

Only goods listed on this authority will be released to your selected 3rd party agent.

Signature: _____