



AUTHORITY TO LEAVE GOODS FORM

I, _____ of

FULL NAME

COMPANY NAME

STREET ADDRESS 1

STREET ADDRESS 2

SUBURB

STATE/POSTCODE

authorise Go Logistics, their sub contractors or agents to leave all consignments addressed to:

COMPANY NAME/RECEIVER

STREET ADDRESS 1

STREET ADDRESS 2

SUBURB

STATE/POSTCODE

By doing this I accept full responsibility for all liability pertaining to these consignments.

FULL NAME

SIGNATURE

POSITION

DATE