



GARLAN CHAIN® COMPANY, INC.
1903 COUNTY STREET, P.O. BOX 3186, ATTLEBORO, MA 02703
Phone: (508) 399-7288 Fax: (508) 761-8720

UPS Shipping Release Form

Company: _____

Billing Address: _____

Shipping Address: _____

UPS Account #: _____

Account Name: _____

Account Address: _____

Preferred Service: _____

Would you like to insure your packages through UPS (Y/N)? _____

Please be aware in choosing to ship packages using your account that you accept full responsibility as to whether or not to insure shipments and will hold Garlan Chain Co., Inc. harmless in the event of any transit losses or any other loss or damage related to these shipments. Furthermore you acknowledge that in the event of a loss you are still obligated to pay Garlan Chain Co., Inc. in accordance with the invoice terms for the lost or damaged shipments, whether or not any recovery is made. And while Garlan Chain Co., Inc. will assist in any way possible to settle a claim for a loss, it is your responsibility to work directly with UPS.

If a UPS account number is determined to be incorrect, delinquent, expired or otherwise invalid by UPS then Garlan Chain Co., Inc. will charge customers for any and all chargebacks issued by UPS.

The undersigned being an authorized signatory of the company listed above hereby authorize Garlan Chain Co., Inc. to ship product to our provided list of approved locations utilizing our account with UPS.

Name (Please Print): _____

Title: _____

Accepted & Agreed by (Signature): _____

Date: _____