

AUTHORITY TO LEAVE

Company Name: _____

Authority Officer Name: _____ Position: _____

Phone Number: _____ Signature: _____ Date: _____

Address: _____

Suburb: _____ Postcode: _____ State: _____

I do hereby authorise Mayers Fine Food, Arla Foods Mayer Australia and/or its appointed transport provider(s) to leave my/our freight at my/our premises as no person will be available to accept the freight to provide a signature for delivery.

I abrogate any responsibility of Mayers Fine Food, Arla Foods Mayer Australia and/or its appointed transport provider for the loss or damage or product quality of the goods after they have been left. I fully understand that although due care, food safety handling and attention has been given by Mayers Fine Food, Arla Foods Mayer Australia and/or its appointed transport provider, no liability is accepted by them.

(Please state precise location where to leave freight)

Please refer to our Terms & Conditions

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