



10 Tandem Way  
Hopedale, MA 01747  
Phone: 800-654-0055  
Fax: 508-473-8284

CONSIGNEE NAME:			PRO #:
STREET:			<input type="checkbox"/> If checked, all shipments
CITY: STATE: ZIP CODE:			CONTACT:
			PHONE:
			EMAIL:

I \_\_\_\_\_, the consignee, hereby give Braun's Express Inc. permission to complete an unattended delivery and complete the delivery of the shipments to this referenced location, without a receiving signature. Braun's Express freight bill count and condition of the product being delivered will be accepted, and Braun's Express Inc. shall not be liable for any shortage or damage, or for any event occurring after delivery by Braun's Express Inc.

**DRIVER INSTRUCTIONS:**

---

---

---

---

AUTHORIZING SIGNATURE:	DATE:
NAME: (PRINTED):	