



SHIPPING SIGNATURE WAIVER (For RESIDENTIAL delivery)

Pet Owner's Name: _____

Pet's Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____

CONSENT

I/we, _____ (print name(s)), hereby waive the requirement that any packages shipped by Realo Discount Drugs require a signature for delivery to my/our residence. I/we understand that by signing this waiver, any shipping losses shall be my/our sole responsibility and NOT Realo Discount Drugs or the shipping carrier. This Shipping Signature Waiver shall remain in effect until Realo Discount Drugs receives written notification that this waiver has been rescinded.

I/we understand that by signing below, I/we waive my/our rights to claim any shipping losses associated with the package being lost, stolen, misdelivered or damaged due to being left by the shipping carrier without the driver obtaining a signature.

Signature

Print Name

Date**

**Waiver is effective for 1 year after the date it is signed.

Please return this form by mail or fax to Realo Discount Drugs. The Shipping Signature Waiver must be signed, dated, and returned to Realo Discount Drugs to become effective.

Realo Discount Drugs
1802 James Slaughter Rd
Fuquay Varina, NC 27526

Realo Discount Drugs
2680 Henderson Dr, Unit 1
Jacksonville, NC 28546

Realo Discount Drugs
2602 MLK Blvd
New Bern, NC 28562

Phone: 919.552.1126
Fax: 919.552.6017

Phone: 910.455.9982
Fax: 910.455.9588

Phone: 252.514.0374
Fax: 252.514.2324

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