



OFFICES & WAREHOUSES IN ATHOL, PITTSFIELD, SPRINGFIELD, MASSACHUSETTE & SCHENECTADY, NEW YORK

SHIPPER'S INVENTORY DESIGNATION FORM

(PLEASE SELECT ONE OF THE OPTIONS BELOW AND RETURN TO CASTINE'S)

1. **I will be present to review/sign inventories at Origin and check off/sign the Customer Check Off Form at Destination.**

SIGNATURE: _____ PHONE NO: _____ DATE: _____

2. **I will not be present to review/sign inventories at Origin and check off/sign the Customer Check Off Form at Destination, but have designated the following to be my representative.**

SIGNATURE: _____ PHONE NO: _____ DATE: _____

REPRESENTATIVE: _____ PHONE NO: _____ DATE: _____

I AM WAIVING MY RESPONSIBILITY TO CHECK OFF MY INVENTORIES AT DESTINATION
(I understand that by doing so I will be waiving my right to file a claim for any missing items)

SIGNATURE: _____

DATE: _____