

# WAIVER OF SIGNATURE FORM

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 INM Crystal

**2463 QUANTUM BLVD.  
BOYNTON BEACH, FL 33426**

**PHONE : (561) 734-2101  
FAX : (561) 734-2321**

**EMAIL  
info@inmcrystal.com**

I \_\_\_\_\_ authorize INM Crystal, Inc. to waive my signature on the delivery of my package. I understand that additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature or addressee's agent (if delivery employee judges that article can be left in secure location). I also authorize that delivery employee's signature constitutes valid proof of delivery. I, therefore, assume all responsibility if delivery is lost, stolen, or damaged.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE FAX FORM TO (561) 734-2321**

Thank you for your order.