



to Leave (ATL)

My name: _____

My company's name: _____

My street address: _____

My contact phone number: _____


My email address: _____

The safe dry place to leave my freight is: _____


By completing this form I authorize Fliway Transport, its contractors and agents to leave all freight consigned to me and/or my company in the area stated above, without signature or inspection, subject to agreement by the sender, and

 **I confirm that I have authority on behalf of the company or the people at the address above to give the acknowledgements and confirmations in this form and sign this ATL**

 **I acknowledge delivery will be considered completed when the driver leaves the goods in the area stated above**

 **I confirm the area stated above is weatherproof, out of view of the street, and safe and easy for Fliway Transport, its contractors and agents to access, and that they are not required to enter the dwelling**

 **I indemnify Fliway Transport, their contractors and agents, and the sender against any claim for loss and/or damage and/or consequential damage**

 **I acknowledge Fliway Transport may at their sole discretion refuse to leave items at the specified location for any reason, and that Fliway will not be liable in any way for refusing to leave goods at the specified location**

Signature: _____ **Date:** _____

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Driver to Complete:

C/N Number: _____ **Date:** _____

Place where freight was left: _____
