



Date: _____

PO#: _____

Shipping without Insurance or without Declared Value

By signing this letter for the PO listed above, "The Company Listed Below" will be 100% responsible for all loss or damage for this shipment after it is picked up from PIONEER N.A.'s shipping dock. *"The Company Listed Below" will pay in full for any invoice of loss or damaged items for full purchase value and pay for any and all replacements including freight cost within terms from the first shipping date.*

Name _____

Title _____

Company _____

Address _____

City _____ State _____ ZIP _____

Signature _____

Pioneer N.A. Inc.

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