



INVENTORY RELEASE FORM

I authorize Met One Technologies LLC to ship all packages to my attention marked "Signature Required." I understand that by signing this release, I am responsible for all packages left at a designated address and I will accept full financial responsibility for any lost or stolen items.

Furthermore, I understand that I have 24 hours from the time the package is delivered to report any discrepancies in the shipment to the Met One Technologies offices. After 24 hours, Met One Technologies will consider that the products were all delivered and in good order, and I will be liable for any damaged or missing items.

Printed name

Distributor

Signature

Date

PLEASE SHIP ALL PACKAGES TO ...

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____

Attn.: _____

Email: _____

PLEASE EITHER FAX COMPLETED FORM TO 915.301.0834, OR EMAIL TO INFO@MET1TECH.COM.