

Third Party Shipping Authorization

Business Information			
Company Name:		Horizon Account #:	
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Freight Account #: <small>(Please specify carrier)</small>			
Preferred Shipping Method: <small>(Ex: Two day or Ground)</small>			

By Signing below, I authorize Horizon Spa & Pool Parts, Inc. or Horizon Spa & Pool Parts, Inc. dba Optimus Parts to use the above stated freight account for all purchases for _____ and subsidiaries (if applicable).

I/we also authorize Horizon Spa & Pool Parts, Inc. or Horizon Spa & Pool Parts, Inc. dba Optimus Parts to invoice us separately for any and all charge backs incurred by Horizon Optimus from the Carrier. These charge backs include, but and not limited to; address corrections, redirected packages and refused by the addressee.

I/we understand that it will be the responsibility of above named company to notify Horizon Optimus in writing when, or if, our freight account information changes or is no longer to be used for purchases.

Thank you,
Horizon Optimus Spa & Pool Parts, Inc.

Print Name: _____

Date: _____

Signature: _____

All information is confidential and for the use of Horizon Spa & Pool Parts, Inc. or Horizon Spa & Pool Parts, Inc. dba Optimus Parts only.

