Letter of Authorisation Form for Pick Up

Date of Pick Up:	17 Er	Filobal Fitness and Leisure Pty Ltd Tordson Road, Campbellfield, VIC, 3061 Thail: info@gflgroup.com.au Th: 1300 169 600
Section 1: Customer Details		
Sales Order No.:		
Full Name:		
Address:		
Suburb:	State:	Postcode:
Mobile:		
Section 2: Authorised 3 rd Party Pick Up	Details	
Full Name/Company Name:		
Consignment No.: (if applicable)		
Section 3: Authorisation		
Please accept this letter as confirmation for pick up.	n that I authorise the nominate	ed person in Section 3 to act on my behalf
Customer Signature:*		
*IMPORTANT: Customers are required to account holder is the person registered to		for account identification. Please note that the n.
* Person picking up the item on behalf of	the account holder needs to provide Life	espan with a photo I.D for approval purposes.
Section 4: Pick Up		
OFFICE USE ONLY		
Authorised 3 rd Party Signature:*		





