

MMAX GROUP (Canada) INC.

101 AMBER STREET, UNIT 22
MARKHAM, ON. L3R 3B2 CANADA
TEL: (905) 948-8298 FAX: (905) 948-8235
www.mmaxgroup.com

Shipping Liability Release Form

Dear Valued Customer,

MMAX Group (Canada) Inc. (MMAX) is concerned about the incidence of theft and misdirected shipments. One way to protect you from shipping losses is to insure every shipment of goods. We understand you may have your own insurance that applies to your shipments. However, in the absence of your own insurance and upon your written instruction, MMAX would welcome the opportunity to arrange insurance on each shipment. According with industry standards, MMAX's shipment to you are always F.O.B. shipping point. This means that you bear the cost of shipment and the risk of loss of these goods while they are in transit to you from MMAX.

In order to provide the best service and to avoid uncertainty and confusion, MMAX requires that you complete this form and return it to MMAX immediately. Thank you for your cooperation.

_____ **Yes**, please send all goods insured, and add the cost of insurance to our shipping costs. And we understand cost of insurance is varies, rate depends on the courier that we choose to ship order.

_____ **No**, we have our own insurance and do not wish to obtain insurance from courier for our goods, we authorize MMAX to continue to send our goods WITHOUT INSURANCE. We understand that we are responsible for the full payment of invoices immediately after loss or damage reported by MMAX or the courier/ freight service.

(Please attach a copy of your insurance certificate, which must include insurance company's name, address, policyholder's information, effective period of the policy, policy number, expiry date, amount covered by the insurance and your deductible)

_____ **No**, we do not wish to obtain insurance for our goods, we do not carry our own insurance for our goods either. We understand the risk of loss will be at our sole expense and we will pay the full amount of invoices immediately regardless of product damaged or lost by the courier/freight service.

Authorization: Company name: _____

Authorized officer: Name: _____

Title: _____

Signature: _____

Date: _____
