



**OK TO LEAVE aka
Assignment of Receiving
Signature**

By signing this form in the space below, you are authorizing our driver to sign as your substitute for the proof of delivery in the proper quantity and acceptable condition of all items delivered to your establishment by Hill & Markes, Inc.

Business: _____

Customer
Signature: _____

Printed Name: _____

Title: _____

Date: _____

P.O. Box 7 * Amsterdam, New York 12010
518.842.2410 * 800.836.7877 * Fax: 518.842.1207
Customer Service: 800.836.4455

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