



Third Party Shipping Authorization
(Please Print)

Horizon Customer # _____

Telephone # _____

Company Name _____

Billing Address _____

Freight Account # _____
(Please specify Carrier)

Preferred Shipping Method _____
(Ex: 2 day or Ground)

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

I/we also authorize Horizon Spa and Pool Parts, Inc to invoice us separately for any and all charge backs incurred by Horizon from the Carrier. These charge backs include, but 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 in writing when or if, our freight account information changes or is no longer to be used for purchases.

Thank you,
Horizon Spa & Pool Parts, Inc

Signature of Authorized Company Personnel

Date of Authorization

(Print name)

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