

Transit insurance waiver

Company: _____

Address: _____

Tel. _____ Fax _____

Issued to : Prism Electronics, 305 Digital Drive Morgan Hill Ca 95037

Hereby to confirm, that we are self-insured for loss or damage of goods in transit to our company, including COD shipments and shipments on vendor account. Please do not request additional insurance for goods shipped under the subject of Purchase order. We accept full financial responsibility for loss or damage of all properly packaged goods shipped to our company.

Authorized signature _____

Printed name/title: _____

Expiration date: _____