



# COD AUTHORIZATION FORM

In Order to receive your COD payments via mail, pick up in downtown or other method you must complete below authorization form and e-mail to: [jenny.kim@uclinc.com](mailto:jenny.kim@uclinc.com)

Full Name : \_\_\_\_\_  
Business Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_  
Phone Number : \_\_\_\_\_ E-mail: \_\_\_\_\_

To receive a notification when your COD is ready, **please submit your e-mail address below:**

**E-mail:** \_\_\_\_\_

**By submitting this authorization form I release UCL, Inc. and all its agents from any and all liability that may arise from use of US Postal Service (USPS) such as but not limited to loss of mailed out COD (company check, money order, cashier’s check, traveler’s check or certified check) damage to mailed out COD, delay to mailed out COD and any other discrepancy that may arise from use of USPS. Also authorizing use of USPS unless I provide UCL, Inc. with different method of mailing service such as FEDEX or UPS. And I understand all that charge(s) incurred will be my sole responsibility as well as any and all liability arising from the use of different services.**

Please indicate service authorized by you (**check one**)

- Pick up UCL downtown office (922 E Pico BLVD Los Angeles, CA 90021)Time: 11:30am–5:30pm(M-F)
- Pick up UCL Industry office (620 S Hacienda BLVD Industry CA 91745) Time: 9:30am – 5pm (M - F)
- USPS to mail out of COD checks
- FEDEX account number provided to mail out COD checks.  
FEDEX account number:
- UPS, you must provide preprinted labels.

I have read and understand all the conditions of UCL, Inc. and I am the authorized person to represent above named business.

Authorizing person’s name: \_\_\_\_\_

Position held: \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Please notify UCL, Inc. immediately of any business address changes to avoid any delay in delivery.**



# COD AND MERCHANDISE PICK UP AUTHORIZATION

Please provide the name(s) of an individual(s) authorized to pick up COD check(s) or merchandise on your company's behalf. You must also provide signature(s) of an individual(s) of who are authorized to perform above duty (ies) on your company's behalf. You may remove an individual from the authorized list by submitting a written request to UCL, Inc. on your company letter head or by visiting our office at:

**620 S Hacienda Blvd Industry, CA 91745 or 922 E Pico Blvd Los Angeles, CA 90021.**

I \_\_\_\_\_, \_\_\_\_\_  
(Full Name) (Position Held)  
at \_\_\_\_\_  
(Company's name)

Authorize below listed individual(s) to pick up COD check(s) or merchandise as above listed company's representative. I agree to release UCL, Inc. of any and all liabilities from tendering COD check(s) or merchandise to below listed individual(s).

\_\_\_\_\_  
**1. (Owner/President) Print Name:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**2. Print Name / Position Held:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**3. Print Name / Position Held:**

\_\_\_\_\_  
**Signature**

**"SHIP WITH CONFIDENCE, SHIP UCL"  
WWW.UCLINC.COM**