



STATEMENT OF ACCEPTANCE
Regarding common carrier freight shipments

I, _____, on behalf of _____ (Company Name),

understand that I assume all responsibility for any damage claims with any freight carrier other than Candela’s Preferred Carriers. Candela will not be responsible for claims, billing or damaged shipments with any other carriers.

I understand and accept the above statement.

_____ (Signature) _____ (Date)

- A carrier of your choice and your account number with them must be supplied:
 - Candela Preferred Carrier Yes (Please circle)
 - Customers Carrier _____

(Circle one below)

Phone #	Account#	F/ C or 3 Rd Party (Acct holders name)
_____	_____	_____

PLEASE NOTE: THIS ORDER WILL NOT SHIP UNTIL THIS FORM IS COMPLETED AND FAXED BACK TO CANDELA.

INTERNAL USE ONLY
REFERENCE:

Customer # _____
 PO # _____
 Quote # _____

- Please fill out this form and Fax it back to **1-800-822-8226**. Attention: Sales

14420 Myford Road, Suite 100 – Irvine, CA 92066 ☎ 800-722-6068 ☎ 800-443-1460 Fax

1785 Corporate Drive, Suite 600 – Norcross, GA ☎ 800-922-9226 ☎ 822-8226 Fax