SINCE 1966

SHOPPERS

★ SUPPLY ★

RELEASE OF LIABILITY

Date: _____ Store Address of Incident_____

Customer Name: _____

Customer Address: _____

Customer Phone Number: _____

Customer Email: _____

Date of Incident: _____

Vehicle Involved in Incident:

Year _____ Make _____ Model _____ VIN _____

License Plate number _____

Check Number _____ Payment Amount _____

I certify by signing this release of liability that I acknowledge and clearly understand that by accepting the payment above for this incident, I agree to release and hold harmless **GP Distributing Inc., its subsidiaries and affiliates** of any further liability, damage or financial responsibility regarding this incident.

_____

Customer Signature Date

_____

Customer Name Printed