

MAIL PLUS SHIPPING
1901-17 West Bay Drive
Largo, FL 33770-3052
(727) 585-0055

Application for Mail Box Rental

This Agreement made by and between _____ hereinafter referred as "Applicant", and Mail Plus Shipping, hereinafter referred as to "Agent", shall be governed by these terms to which each party agrees:

1. By completing this form and USPS form 1583, a copy of which will be made to the USPS, applicant appoints Agent for the receipt for a period not to exceed that for which rent has been paid in advance. Applicant agrees to use service in accordance with Agent's rules and in compliance with all USPS regulations, as well as local, state and federal statues and regulations. Failure to do so will result in cancellation of services without notice or refund.
2. Applicant shall have the right to terminate this agreement at any time; however, it is understood that all rents once paid, are not refundable.
3. Applicant authorizes the Agent to receive mail and parcel by any carrier, including special service deliveries that require signature. Once Agent has placed Applicant's mail in the assigned mail box, the mail shall be deemed to have been delivered, Agent shall not be responsible for loss, theft or damage. Agent is not engaged in the delivery of mail and cannot be responsible for failure of the USPS, FedEx, UPS or any other carrier to deliver or to deliver it in timely fashion or undamaged condition. Should Applicant appoint another person or organization, Applicant shall supply Agent with signed authorization to release mail or parcels to Applicant's appointee. Appointee shall show proper identification upon collection of Applicant's mail or parcels. Applicant shall use the premises for the purposes of receiving mail and other communications through Agent ONLY. Applicant will pick up mail at least twice each month or make other suitable arrangements, mail pick up during the business hours posted by Agent.
4. Mail will not be accepted for more than three (3) persons or organizations in a single mailbox and each must complete a USPS Form 1583 and provide photo identification. If Applicant consistently receives substantially more mail than can be placed in a single mailbox, Agent shall reserve the right to require Applicant to rent a larger size box or one or more. Charges for service are based upon average daily volume and activity. High volume of mail and parcels may require assessment of additional fees, further agrees parcels delivered to this address for Applicant will be retrieved within 24 hours after delivery or subject to storage fee and that no hazardous or dangerous material will be delivered.
5. Information provided by Applicant will be kept confidential and will not knowingly be disclosed without Applicant's prior consent, except for law enforcement purposes, in which case Agent intend to cooperate fully. Law enforcement is further clarified to include all city, county, state or federal agencies or their representatives. Should Agent commit or fail to commit any act which results in disruption of service and Applicant thereby suffers a loss, Agent's liability shall be limited to not more than rental fees paid by Applicant for service not received. Agent shall not be liable for incidental or consequential damages.
6. Agent's service fees are due and payable in advance and notice therefore will be placed no later than ten (10) days before due date. Failure to pay such fees when due may result in disruption or cancellation of service, a late fee of \$5.00 will be added after the fifth day. Agent has the right to withhold Applicant's mail if said rent becomes past due and the right to terminate agreement.

7. Applicant shall use the designation "PMB" or "#" to designate their address. NO OTHER DESIGNATION IS VALID. USPS may refuse to deliver any piece of mail that does not include the right designation. Applicant is responsible for notifying correspondents of below address.

Applicant's Name or Business Name
PMB ___ or # ___
1901-17 West Bay Drive
Largo, FL 33770-3052

8. Upon termination of service by Agent or failure to pay rent in advance by Applicant, Agent shall not make Applicant's mail available. Applicant understand, upon termination USPS will not forward or accept Change of Address. If such service is requested by Applicant, Applicant shall provide forwarding address and pay for required fee. In the event Applicant fails to do so, Agent shall refuse any further mail and prior received mail shall be handled by accordance with USPS DMM DO42.2.6 regulations.

Agent Date Applicant Date

Termination Addendum

At termination of service, I hereby instruct Agent the following:

_____(initial) Forward my mail to new address. In consideration thereof, I place \$ _____ for services requested.

_____(initial) Handle such mail in accordance with USPS DMM DO42.2.6 regulations.



1901-17 West Bay Drive, Largo FL 33770-3052
Phone (727) 585-0055 Fax (727) 585-0151

Request of Mail Forwarding

How Often: ___ Weekly ___ Bi-weekly ___ Monthly

STARTING DATE _____

Forwarding Address:

Contact Info:

Tele. _____
Fax _____
Email _____
Other _____

The fees for mail forwarding are as follows: \$1.00 each time of mailing plus packaging (i.e. envelope, box or padded mailer) and the postage/shipping service of your choice. Mail forwarding fees must be prepaid or charged to credit card on file.

___ USPS ___ USPS Priority ___ Fed Ex ___ UPS ___ DHL

Credit Card Authorization

I authorize Mail Plus Shipping to charge my credit card for all services and transactions for which I agreed upon in this contract.

Credit Card # _____

Expiration Date _____ Zip Code of billing address _____

Type of Card: Visa ___ Master Card ___ American Express ___

V code # _____ (last 3 or 4 digits located on the back of card)

AMEX security code _____ (4 digits on the right above card numbers)

Customer Signature _____

Print Name as it appears on the card

Please note that your mail will be forwarded upon credit card authorization.

United States Postal Service®
Application for Delivery of Mail Through Agent
 See Privacy Act Statement on Reverse

1. Date _____

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)	3a. Address to be Used for Delivery (Include PMB or # sign.) 1901-17 WEST BAY DR # _____		
	3b. City LARGO	3c. State FL	3d. ZIP + 4® 33770-3052

4. Applicant authorizes delivery to and in care of:

a. Name MAIL PLUS SHIPPING

b. Address (No., street, apt./ste. no.) 1901-17 WEST BAY DRIVE

c. City LARGO	d. State FL	e. ZIP + 4 33770-3052
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5. This authorization is extended to include restricted delivery mail for the undersigned(s):

AUTHORIZATION TO ACCEPT REGISTERED, CERTIFIED & SPECIAL DELIVERY MAIL.

YES _____ NO _____

6. Name of Applicant _____

8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

a. _____

b. _____

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

7a. Applicant Home Address (No., street, apt./ste. no) _____

7b. City	7c. State	7d. ZIP + 4
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7e. Applicant Telephone Number (Include area code) _____

9. Name of Firm or Corporation _____

10a. Business Address (No., street, apt./ste. no) _____

10b. City	10c. State	10d. ZIP + 4
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10e. Business Telephone Number (Include area code) _____

11. Type of Business _____

12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)

13. If a CORPORATION, Give Names and Addresses of Its Officers

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.
