

Packing - Shipping - Copies - Mailboxes - Supplies

10228 E Northwest Hwy
Dallas, TX 75238
214-221-0011 - Phone
214-221-1119 - Fax

MAILBOX CONTRACT

Applicant's Name: _____

Box rental term: Month to Month* 3 Month* 6 Month 1 Year

Box #: _____ Start Date: _____ Renewal Date: _____

Payment received by: _____ Amt. received: \$ _____ Pmt. Method: _____

* *Month to Month and 3 Month rentals require auto renewal.*

TERMS of CONTRACT

Service:

1. Properly addressed mail will be delivered to your box for:
 - a. Individual box holder as specified in this contract, and/or members of your firm as named by you.
 - b. Each mailbox may receive mail addressed to four (4) individuals. Additional names will require a monthly charge of full rental fee. List names on attached page as indicated.
 - c. Possession of your lockbox key by anyone other than yourself will be considered evidence that possessor is authorized to remove mail from your box.
2. Box holder will have access to their box during regularly scheduled business hours: M-F 9:30- 5:30, and Sat. 10-2.
3. Mail will be distributed to box holder's box on a daily basis Monday through Saturday, on each day the U.S. Postal Service (USPS) delivers mail.
 - a. Box holder will receive email or text notifications of mail delivery.

- b. My Office is not responsible for mail lost or damaged by the USPS, or for damage or destruction of mailboxes on the premises due to fire, theft, vandalism, war, or acts of God.
 - c. Permission is needed from box holder for My Office **to sign for** your Registered, Special Delivery, Certified, and any other types of mail that require a signature.
 - d. Rental of mailboxes at My Office are subject to all USPS regulations and are subject to postal inspection at their discretion.
 - e. The information provided by the box holder on this application is used to provide applicant with mail services in accordance with USPS regulations and may be disclosed to persons authorized by law to regulate mail distribution.
4. My Office reserves the right to terminate any and all services for conduct deemed illegal, unethical, or disruptive.

Box Holder Obligations:

1. Rental fees are to be paid upon receipt of renewal notice.
 - a. Payment may be made by cash, check, Master Card, Visa, American Express, or Discover Card.
 - b. Returned checks will necessitate closing of the box until all rental fees are paid in full (See FEES section below).
 - c. Your mailbox contract will expire on the renewal date listed above. Payment must be made by the due date to avoid interrupted service and/or late fees. (See FEES section below).
 - d. All mail must be picked up on a timely basis. Mail requiring storage can be arranged for a fee of \$5.00 per week.
2. It is the box holder's responsibility to notify all correspondents of a change in address prior to termination of mailbox contract. Mail received after termination of box contract will be disposed of in accordance with USPS regulations (unless prior arrangements have been made with My Office).

FEES

1. **SETUP FEES:** A one-time fee of \$25 will be charged with each new box opened.
2. Month to month and three-month rentals require a credit card left on file.
3. **LATE FEES:** If payment is not made within 7 working days of the due date, a late fee of \$10 will be charged. If payment is not made within 15 days, there will be an additional charge of \$10 to reinstate box rental contract.
4. **ADDITIONAL KEYS:** Additional keys may be obtained only from My Office for \$5.00 ea.
5. NSF fee of \$25.00 will be charged for any returned checks.

This contract is automatically renewing. If box holder provides a credit card to be held on file, My Office will set up recurring payments to keep the mailbox contract in good standing. Charges for renewal will be charged to box holder's credit card unless prior notification has been made to My Office.

I have read, fully understand, and agree to the above conditions covering the rental of my mailbox and the disposition of any mail during the period of this contact.

Print Name Driver's License #

Home Address

Home Phone Cell Phone

Signature Date

Email Address Preferred number for texts

Additional names:

OPTIONAL PERMISSIONS

To: My Office

I hereby give my permission for employees of My Office to sign for any registered, certified, or insured mail, and any packages delivered to my box.

This notice is hereby in effect until I notify My Office in writing to the contrary.

Box holder (Print Name)

Box #

Signature

Date

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

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.)

3b. City

3c. State 3d. ZIP + 4®

4. Applicant authorizes delivery to and in care of:

a. Name

b. Address (No., street, apt./ste. no.)

c. City

d. State e. ZIP + 4

5. This authorization is extended to include restricted delivery mail for the undersigned(s):

6. Name of Applicant

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

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.

7b. City

7c. State 7d. ZIP + 4

7e. Applicant Telephone Number (Include area code)

b.

9. Name of Firm or Corporation

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

10b. City

10c. State 10d. ZIP + 4

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.

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.)

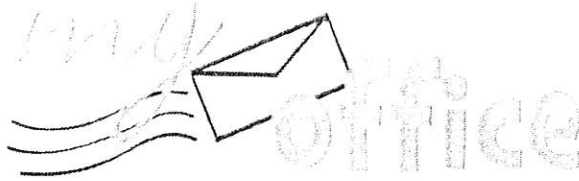
13. If a CORPORATION, Give Names and Addresses of Its Officers

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.)



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214-221-0011
214-221-1119 fax
info@myofficelh.com
www.myofficelh.com

Credit Card Authorization Form

Name on Card:

Address:

Phone Number:

Type of Card:

Card Number:

Expiration Date:

CVV:

Signature:

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above.