

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 Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

1. Private Mailbox (PMB) Information		8. Photo ID Information for Applicant⁹	
1a. Date PMB Opened	1b. Date PMB Closed	8a. Applicant's Name	8b. Applicant's ID Number
2. Commercial Mail Receiving Agency (CMRA) Place of Business Information		9. Address ID Information for Applicant¹¹	
2a. Street Address to be Used for Delivery ¹		2b. PMB #	8c. Issuing Entity
2c. City		2d. State	2e. ZIP + 4 [®]
3. Type of Service Requested		8e. Photo ID type (check one)	
<input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card	
4. Name of Applicant		9a. Applicant's Name	
4a. Last Name	4b. First Name	4c. Middle Initial	
4d. Telephone Number (include area code)		4e. Email Address	
4f. Applicant's Street Home Address ^{1,4}		9b. Applicant's Street Home Address ¹	
4g. City		4h. State	4i. ZIP + 4
4j. Country		9c. City	9d. State
		9e. ZIP + 4	9f. Country
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", you must attach a copy of the court order.		9g. Address ID type (check one) — Must Contain the Address in 9b-9f	
		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card	
5. Authorized Individual⁵		10. Photo ID Information for Authorized Individual (if applicable)⁹	
5a. Last Name	5b. First Name	5c. Middle Initial	10a. Authorized Individual's Name
5d. Telephone Number (include area code)	5e. Email Address		10b. Authorized Individual's ID Number
5f. Authorized Individual's Street Home Address ^{1,6}		10c. Issuing Entity	
5g. City		10e. Photo ID type (check one)	
5h. State		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card	
5i. ZIP + 4		5j. Country	
6. If Transferring PMB Mail to Another Address⁷		11. Address ID Information for Authorized Individual (if applicable)¹¹	
6a. Street Address Mail Is Transferred To ¹		11a. Authorized Individual's Name	
6b. City		11b. Authorized Individual's Street Home Address ¹	
6c. State		6d. ZIP + 4	
6e. Country		11c. City	
6f. Telephone Number (include area code)		11d. State	
6g. Email Address		11e. ZIP + 4	
6h. Country		11f. Country	
7. Business/Organization Information		11g. Address ID type (check one) — Must Contain the Address in 11b-11f	
7a. Name of Business/Organization		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card	
7b. Type of Business		12. Exceptions for Additional Recipients of Mail¹³	
7c. Business Street Address ¹			
7d. City		13a. Signature of Applicant¹⁴	
7e. State		13b. Date	
7f. ZIP + 4			
7g. Country		14a. Signature of CMRA or Authorized Employee¹⁵	
7h. Telephone Number (include area code)		14b. Date	
7i. Place of Registration ⁸			

Instructions and Footnotes

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for both the Applicant's photo ID and address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for both the Authorized Individual's photo ID and address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title: I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The agent or an authorized employee may sign item 14a. If the Notary Public box at the bottom of page 2 has a seal, the Notary Public completes the box.

Definitions:

Agent: The Commercial Mail Receiving Agency (CMRA). **Authorized employee:** An employee of the CMRA who is authorized to act on the CMRA's behalf.

Authorized individual: A person who is authorized to pick up mail for the PMB holder.

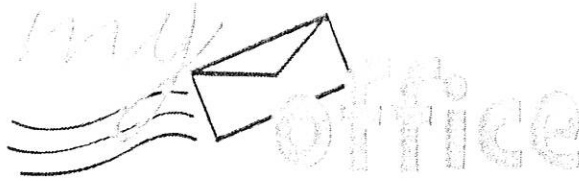
Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the applicant 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) 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 applicant must file an updated application with the agent.

NOTE: The applicant must sign or confirm their signature in the physical or virtual presence (in real-time audio and video) of the Agent or the Agent's authorized employee or acknowledge their signature in the physical or virtual presence (in real-time audio and video) of a notary public commissioned in a United States state, territory, possession, or the District of Columbia. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant 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 items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit www.usps.com/privacypolicy.

<p>Notary Public in and for the STATE OF _____,</p> <p>COUNTY OF _____. On this _____ day of _____, 20____,</p> <p>the applicant, _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the application, appeared before me, and acknowledged their signature.</p> <p><i>Signature of Notary Public</i> _____ <i>My commission expires:</i> _____, 20_____</p>	<p>Official Seal:</p>
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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.