

MAIL FORWARDING AGREEMENT

Name: _____ Date: _____

Email: _____ Phone: _____

PMB / PO Box Number: _____

The following names are to be forwarded in the same manner as per directions of this agreement:

1. _____ 3. _____

2. _____ 4. _____

Mail will be forwarded to the following address: _____

Forwarding Frequency: (Check One) _____ Weekly on _____
(Day to be forwarded)

____ 1st ____ 10th ____ 1st & 15th ____ 5th & 20th ____ Will Call

Type of mail to be forwarded: (Check one)

____ First Class ____ Magazines ____ All Mail Received (Including Catalogs & Ads)

Notes: _____

Parcels will be forwarded along with mail unless requested to be held and picked up within 10 days of delivery. Storage fees will be assessed after 10 days.

Customer shall leave a minimum deposit of \$100

If account is in arrears mail will not be forwarded until a deposit is received.

Mail is picked up on Mondays and Thursdays for weekly forwarding. For all other forwarding schedules mail will be picked up the business day prior to mailing date.

A monthly \$10 maintenance fee will be applied if customer consistently has no mail to be forwarded during periods that Postal Express is checking PO Box. (Does not apply to PMB)

Agent Signature

Customer Signature