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COMMERCIAL MAIL RECEIVING AGENCY
MAIL FORWARDING APPLICATION AND INSTRUCTIONS

The Mail Room - Merritt Island Florida

PMB #

Please select services desired and complete both sides of this application. Mail with your check or money order for an amount in accordance with this fee schedule to:
The Mail Room, 137 South Courtenay Pkwy., Merritt Island, FL. 32952

Basic contract: 3 months = \$75; 6 months = \$120; or 1 year = \$155

\$ _____

For each additional name over four family members add \$20 (all durations):

\$ _____

Postage and service deposit = \$25 (minimum):

\$ 30.00

Total : \$ _____

LAST NAME FIRST NAME MI

OTHER NAMES _____

Please start service on _____ (Without date, service starts date application received).
Accept and forward postage-paid, 1st class mail. Also, forward ___ Magazine/Book Subscriptions;
___ Catalogs; ___ Newspapers; ___ Junk mail (bulk mail is not always junk, we use discretion)

I / we Authorize this mail center as my/our agent to receive the following.

Postage Due

SIGNATURE SIGNATURE

I will reimburse this mail center 50 cents per item.

Certified Mail

SIGNATURE SIGNATURE

Insured Mail

SIGNATURE SIGNATURE

Registered Mail

SIGNATURE SIGNATURE

C.O.D. Mail

SIGNATURE SIGNATURE

Prior arrangement must be made for each COD received.

Disclaimer

SIGNATURE SIGNATURE

I further agree not to hold this mail service liable for any law suit which may result.

SIGNATURE SIGNATURE

DATE

NOTARY SIGNATURE

NOTARY SEAL

Upon receipt of this form we will assign a PMB number and return a duplicate copy to you.

Continued on reverse side of this application.

Schedule for forwarding mail, Beginning: _____

Forward to the following address (No address, we will hold)

- _____ Hold all mail until notified (90 day limit, please)
- _____ Weekly
- _____ Every other week
- _____ Daily
- _____ Monthly

Telephone number, if applicable: () -

If you wish to change address or forwarding schedule, call the toll free number to be provided.

I hereby release this mail center from any liability for loss or destruction of mail unless the same was caused by gross negligence of this mail center, its agents, or employees. This mail center SHALL NOT BE LIABLE FOR INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES. THIS FORM AND THE BROCHURES TO WHICH IT IS ATTACHED IS THE ENTIRE AGREEMENT AND THEY SUPERSEDE ANY OTHER WRITTEN OR ORAL AGREEMENT. Charges for services rendered by this mail center shall be due and payable at the selected location. I understand that if my account with this mail center becomes delinquent, this mail service will not forward my mail, and may return my mail to the sender as required by the current postal regulations.