

Carson Mail Depot
1805 N. Carson Street
Carson City, NV. 89701-1216
775-884-4748, fax 775-884-4211
redshoesoffice1@gmail.com

Mail Box Service Agreement

Name _____ Date _____
Phone _____
Street _____
City _____ State _____ Zip code _____
Email: _____
ADDITIONAL NAMES ON BOX: _____

| Mail Box Rental Rates: | Small | Medium | Large | Virtual | _____ MAIL FORWARDING |
|------------------------|----------|----------|----------|----------|-----------------------------|
| Annually: | \$170.00 | \$190.00 | \$200.00 | \$170.00 | _____ RECEIVING PACKAGES |
| Semi-annually: | \$100.00 | \$110.00 | \$120.00 | \$100.00 | (see additional Agreements) |
| Quarterly: | \$60.00 | \$70.00 | \$80.00 | \$60.00 | |

Additional charges:
any names over 3 = \$5.00 each annually
Start Up Fee: \$5.00
LATE FEE: \$10.00 for boxes 30 days or more past due

\$ 5.00 deposit per box key
\$10.00 deposit per 24hour access key
Keys are not to be duplicated.

*We will receive packages for you without a package agreement, but there will be a \$3.00 per package fee.

Start Up fee \$ _____
Box Rent /Size _____ \$ _____
Box Keys _____ \$ _____
24 Hour Keys _____ \$ _____
Total Paid: \$ _____

Carson Mail Depot as your mail receiving agent assumes implied consent to accept and sign for any mail that requires a signature (insured, registered, certified)
Initial Yes _____ No _____

The following format will insure proper delivery of your mail. Don't forget your number! The Post Office might not deliver your mail to a private mailbox service if it is not addressed exactly as shown below. You may use #, PMB or Unit but **NEVER USE P.O. BOX!!!!**

Example: John Doe
1805 N. Carson St. # _____
Carson City, NV 89701-1216

TERMS AND CONDITIONS:

Carson Mail Depot accepts mail for our clients but has no knowledge of value or content of these items. Customer agrees to hold Carson Mail Depot harmless for any loss or damage to these items.

Signature _____ Date _____

Carson Mail Depot may not be used for any purpose prohibited by Postal Regulations or illegal or illegitimate purposes. There will be no prorating or refunds for cancellation of any service. No CODs will be accepted without prior arrangement. THE CARSON MAIL DEPOT IS A PRIVATE COMMERCIAL MAIL RECEIVING AGENCY, AND AS SUCH THE US POSTAL SERVICE WILL NOT FORWARD ANY MAIL FROM THIS ADDRESS WITHOUT NEW POSTAGE. It is the customer's responsibility to make forwarding arrangements PRIOR TO TERMINATION OF SERVICES HERE. Any mail received after termination without prior arrangements having been made will automatically be marked "return to sender".

Signature: _____ Date: _____

MAIL FORWARDING AGREEMENT

NAME: _____ BOX # _____ DATE: _____

Term and Conditions: Carson Mail Depot Accepts Mail for our clients but has no knowledge of value or content of these items. Customer agrees to hold Carson Mail Depot harmless for any loss or damage to these items.

Discard Junk Mail : (please initial) YES _____ NO _____

Forwarding Dates: (Please circle day/days you wish mail to be sent) – 5th, 10th, 15th, 20th, 25th or Mon, Tues, Wed, Thur, Fri.

If you wish the mail to only be sent when you call us – please circle CALL IN ONLY and initial here _____

MAIL FORWARDING FEES:

\$4.00 handling fee per envelope

Actual cost of postage for weighed envelope

Postage Deposit Paid \$ _____

SIGNATURE _____ DATE: _____

NON USPS PACKAGE RECEIVING AGREEMENT

(This Agreement is SEPARATE from the USPS Mail Agreement)

NAME _____ BOX # _____ DATE: _____

Terms and Conditions:

Carson Mail Depot accepts packages for our clients but has no knowledge of value or content of these items. Customer agrees to hold Carson Mail Depot harmless for any loss or damage to these items. Customer herein agrees that the total amount of liability of Carson Mail Depot, if any, for any and all claims arising, per this agreement shall not exceed \$100.00, regardless of the nature of the claim. (Initial: _____)

FEES:

3 months = \$10.00

6 months = \$15.00

1 year = \$20.00

Over sized Packages

* (packages 4 ft or more in any dimension)– will be charged a fee of \$1 per day.

* We will not accept packages over 75 lbs or 6 ft in any dimension **without prior arrangements** from our office.

* Packages left over 2 weeks from date of delivery will incur a fee of \$2.00 per week after initial 2 weeks.

Carson Mail Depot does not limit the value of packages we receive but you are limited to \$100.00 reimbursement fee per agreement initialed above.

FEES PAID \$ _____

SIGNATURE: _____ DATE: _____

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.

| | | | |
|---|--|--|--|
| <p>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.)</p> | <p>3a. Address to be Used for Delivery (Include PMB or # sign.) 1805 N. CARSON STREET, # _____</p> | | |
| <p>4. Applicant authorizes delivery to and in care of:</p> <p>a. Name CARSON MAIL DEPOT</p> <p>b. Address (No., street, apt./ste. no.) 1805 N. CARSON STREET</p> <p>c. City CARSON CITY</p> | <p>3b. City CARSON CITY</p> | <p>3c. State NV <input checked="" type="checkbox"/></p> | <p>3d. ZIP + 4® 89701</p> |
| <p>6. Name of Applicant</p> | <p>5. This authorization is extended to include restricted delivery mail for the undersigned(s):</p> | | |
| <p>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.</p> <p>a. _____</p> <p>b. _____</p> <p>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.</p> | <p>7a. Applicant Home Address (No., street, apt./ste. no.)</p> | <p>7b. City AL</p> | <p>7c. State AL</p> |
| <p>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.)</p> | <p>7e. Applicant Telephone Number (Include area code)</p> <p>9. Name of Firm or Corporation</p> <p>10a. Business Address (No., street, apt./ste. no.)</p> <p>10b. City</p> <p>10c. State AL</p> <p>10d. ZIP + 4</p> <p>10e. Business Telephone Number (Include area code)</p> <p>11. Type of Business</p> | | |
| <p>13. If a CORPORATION, Give Names and Addresses of Its Officers</p> | <p>14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.</p> | | |
| <p>15. Signature of Agent/Notary Public</p> | <p>16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)</p> | | |

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®.
