

COMMERCIAL MAIL RECEIVING AGENCY
MAIL FORWARDING APPLICATION AND INSTRUCTIONS

PMB#

MAILROOM Merritt Island Florida

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

\$ _____ Basic Contract: 3 months: \$90 6 months: \$145 1 year: \$180
 \$ _____ For each additional name over four family members add **\$10** (all durations):
 \$ _____ Postage and service deposit (\$50 minimum):
 \$ _____ TOTAL Submitted with application

_____, _____, _____
 LAST NAME FIRST NAME MI
 _____, _____, _____
 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

Certified Mail _____
 SIGNATURE SIGNATURE

Insured Mail _____
 SIGNATURE SIGNATURE

Registered Mail _____
 SIGNATURE SIGNATURE

C.O.D. Mail _____
 SIGNATURE SIGNATURE

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

 SIGNATURE SIGNATURE DATE

 NOTARY SIGNATURE

NOTARY SEAL

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Schedule for forwarding mail, Beginning: _____

Forward to the following address:
(If no address is listed we will hold mail for instruction)

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

If you wish to change address or forwarding schedule, call us at 321-452-0110.

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.

REQUIRED INFORMATION:

TELEPHONE: _____

EMAIL: _____

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