



THE POSTAL DEPOT

www.thepostaldepot.com

Date: _____ Account Number _____
(For Internal Use)

Additional Names
Up to 2 Basic - Up to 8 Premium

Business Mailbox Application and Rental Agreement

Applicant Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Key Lock Service Access your mailbox 24/7

| | Business Basic | Business Premium |
|-----------|----------------|------------------|
| 3 months | \$110 | \$149 |
| 6 months | \$193 | \$264 |
| 12 months | \$341 | \$424 |

Over-The-Counter Service Access your mail Monday-Friday 9AM-5PM

| | Business Basic | Business Premium |
|-----------|----------------|------------------|
| 3 months | \$99 | \$132 |
| 6 months | \$176 | \$237 |
| 12 months | \$308 | \$380 |

_____ months \$ _____

Refundable Key Deposit \$ _____

One-time Security Fee \$ _____

Total Due \$ _____

CC CK CSH

_____ months \$ _____

Date Paid _____

Autopay: I authorize The Postal Depot to charge my credit card on file when mailbox rental or other fees are due:

_____ or N/A _____

____ I will notify The Postal Depot whenever changes are to be made to my account, such as adding or deleting names or updating residential/business, phone or email addresses.

____ I understand that The Postal Depot may close my mailbox if rent is not paid within 30 days of due date and I do not respond to The Postal Depot's attempts to contact me regarding payments due.

____ If I choose "Basic" mailbox service, I understand that The Postal Depot will charge \$12 per month overflow/storage fee when the amount of mail exceeds the volume of my mailbox and The Postal Depot must store it in a separate location.

____ If I choose "Basic" mailbox service, I understand that The Postal Depot will charge \$3 per day per package storage fee for packages that remain unclaimed by me or my agent past the six business days of included "Basic" storage service.

____ If I choose "Basic" mailbox service, I understand that The Postal Depot will charge \$12 per month service fee if I ask The Postal Depot to deposit only first class mail in my mailbox and destroy/recycle any other mail that comes for me ("Red Folder Service").

____ When I am ready to close my mailbox, I will contact The Postal Depot in writing prior to my mailbox renewal date to request that my mailbox be closed.

____ I have read and agree to all terms of this Business Mailbox Application and Rental Agreement.

Applicant Signature

Print Customer Name

Postal Depot Representative Signature

316 California Avenue # _____

Reno, NV 89509

Mail Receiving Services: For services paid for and/or indicated on the reverse side, The Postal Depot (hereafter referred to as "Agent") and tenant (hereafter referred to as "Client") hereby agree to the following:

- A. **Client agrees that premise shall be used for purposes that comply with all local, state, and federal laws and regulations.**
- B. Agent shall place in said mailbox all mail received by Agent for the benefit of Client each day that mail is received from the United States Postal Service.
- C. Agent shall take all reasonable steps to prevent loss of mail by theft or otherwise, **but shall not be held liable for such loss.**
- D. Rental fees are due within thirty (30) days of your billing cycle (the 1st or 15th of each month). A late charge will be assessed on accounts over thirty (30) days past due and every fifteen (15) days thereafter.
- E. Prior to termination of service requested by Client, Client has the responsibility of notifying senders of new address. Any mail received after termination of Client's account may be returned to sender. **PLEASE NOTE: NOTIFYING THE UNITED STATES POSTAL SERVICE BY COMPLETION OF A CHANGE OF ADDRESS FORM WILL NOT EFFECT A CHANGE, i.e., YOUR MAIL WILL CONTINUE TO BE DELIVERED TO THE POSTAL DEPOT.**
- F. After termination due to non-payment of account, Agent shall hold mail for a period of thirty days. If proper payment is not made or proper notification is not provided, Agent shall return mail to the United States Postal Service and mark mail as unable to be forwarded (UTF).
- G. **Client is aware that The Postal Depot is a Commercial Mail Receiving Agency and this address may not be used to establish Nevada residency to obtain a Nevada Driver's license. Doing so is illegal.**
- H. If Client cancels mailbox before the end of the rental term, **Agent will not refund any unused rent.** Mail forwarding accounts canceled will be refunded less an admin fee of not more than \$25.00.

Key Locked Mailboxes:

1. Agent shall deliver to Client a key which will open the Client's mailbox. The seven dollar deposit is fully refundable upon Client's termination of services and return of key as long as key is returned prior to the end of the current pre-paid billing period. The key deposit shall be refunded to the Client provided that service is canceled before the next month's mailbox rental is due and that no other monies are due to The Postal Depot.
2. The Agent shall provide 24-hour access to key-locked mailboxes. Access to other services will be during normal business hours, 9am to 5pm, Monday through Friday.

Mail Forwarding:

Forwarding service (plus postage or shipping charges) includes all supplies, labels, tape and envelopes (up to 10"x13"). Mail forwarding service will continue provided sufficient deposit funds exist and mail receiving account is current.

Note: Business accounts are those accounts and/or Clients receiving mail addressed to a business or non-profit receiving regular UPS or FedEx package delivery; and/or those accounts receiving more than 5 pieces of mail on a regular daily basis; and/or those accounts requiring The Postal Depot to conduct regular transactions with the Clients, Tenants, Lessees and/or other business activity on behalf of the Client.

Terms of this agreement and/or prices are subject to change



THE
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www.thepostaldepot.com

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(775) 329-9313 ★ thepostaldepot@gmail.com

www.thepostaldepot.com

  @ThePostalDepot



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 | | 8d. Expiration Date on the ID | | |
| 2c. City | | 2d. State | 2e. ZIP + 4 [®] | 8e. Photo ID type (check one) | | | | |
| 3. Type of Service Requested | | | | <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"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³ <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 | 9b. Applicant's Street Home Address ¹ | | | | |
| 4d. Telephone Number (include area code) | | 4e. Email Address | | 9c. City | | | | |
| 4f. Applicant's Street Home Address ^{1,4} | | | | 9d. State | 9e. ZIP + 4 | 9f. Country | | |
| 4g. City | | 4h. State | 4i. ZIP + 4 | 4j. Country | 9g. Address ID type (check one) — Must Contain the Address in 9b–9f | | | |
| 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. | | | | <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 Individual⁶ | | | | 10. Photo ID Information for Authorized Individual (if applicable)⁹ | | | | |
| 5a. Last Name | | 5b. First Name | 5c. Middle Initial | 10a. Authorized Individual's Name | | 10b. Authorized Individual's ID Number | | |
| 5d. Telephone Number (include area code) | | 5e. Email Address | | 10c. Issuing Entity | | 10d. Expiration Date on the ID | | |
| 5f. Authorized Individual's Street Home Address ^{1,6} | | | | 10e. Photo ID type (check one) | | | | |
| 5g. City | | 5h. State | 5i. ZIP + 4 | 5j. Country | <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 | | | |
| 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 | | 6c. State | 6d. ZIP + 4 | 6e. Country | 11b. Authorized Individual's Street Home Address ¹ | | | |
| 6f. Telephone Number (include area code) | | 6g. Email Address | | 11c. City | | 11d. State | 11e. ZIP + 4 | 11f. Country |
| 7. Business/Organization Information | | | | 11g. Address ID type (check one) — Must Contain the Address in 11b–11f | | | | |
| 7a. Name of Business/Organization | | | 7b. Type of Business | <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <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 | | | | |
| 7c. Business Street Address ¹ | | | | 12. Exceptions for Additional Recipients of Mail¹³ | | | | |
| 7d. City | | 7e. State | 7f. ZIP + 4 | 7g. Country | 13a. Signature of Applicant¹⁴ | | 13b. Date | |
| 7h. Telephone Number (include area code) | | 7i. Place of Registration ⁸ | | 14a. Signature of Witness¹⁵ | | 14b. Date | | |

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 <i>both</i> the Applicant's photo ID <i>and</i> 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 <i>both</i> the Authorized Individual's photo ID <i>and</i> 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 witness can be the agent, an authorized employee, or a Notary Public. |

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 execute this form in the presence of the agent, his or her authorized employee, or a notary public. 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>Witness my signature and official seal. 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 this application, appeared before me, and did personally sign the application.</p> <p>_____ Signature of Notary Public</p> <p>_____ My commission expires:</p> <p>_____, 20_____</p> | <p>Official Seal:</p> |
|---|-----------------------|