

TRAVELLERS MAILBAG BOX RENTAL AGREEMENT

Customer Name (Primary Box Holder)

Please sign after reading the following:

I understand that:

- My current monthly box rental fee is due by the 10th of the month;
- I may pay my account by using the convenience of my bank's online bill pay or autopay;
- If I pay one year's total fees in advance at ANY time during the year, I will receive the 12th month FREE;
- If I'm more than two months delinquent in my payment, my mail may be held and the box closed until the outstanding balance is paid in full. We will always try to work with you to resolve the balance if you are having temporary financial difficulties.

I will notify The Travellers Mailbag if:

1. My phone numbers or email address(es) change;
2. A family member or my company name will be added to my box address.

If I choose to discontinue using Travellers Mailbag for my postal needs:

- I will give TM notice *at least one month in advance* (preferably two months)
- To ensure uninterrupted mail service, I will *inform* all of my important contacts of my new address (TM has a comprehensive contacts list available to assist you);
- I will *continue paying*:
 - For my box for a minimum of one month after moving while TM collects any random mail that accumulates
 - For any charges for the above-noted mail that I may want forwarded;
- I accept that both forwarded mail charges and past accrued box fees are my financial responsibility to pay in full;
- I understand that TM may hold my mail for up to 2 months after my departure for free, but that TM is no longer expected / responsible for holding and / or forwarding mail and parcels on my behalf after that time unless I pay for the added service.

I have read, understand and agree to the above-noted rental agreement stipulations.

Customer Signature

Date

TRAVELLERS MAILBAG BOX RENTAL AGREEMENT

Customer Name(s) _____ **Signature** _____ **Date** _____

Box Number _____  **Always include this number on mail addressed to you!**

To ensure your mail arrives in your box, please write your address as follows:

Your Name
3020 Bridgeway, # _____
Sausalito, CA 94965

Monthly rate _____

One free month  **Annual rate** _____

Box Service (select one): **Personal** _____ **Personal Traveler** _____ **Business** _____

Customer Email Address(es) _____

Phone Numbers: Home _____

Work _____

Cell(s) _____

Directions for Mail Service: _____

Keep _____

Toss _____

Other Family Names of people whom will receive mail to this account:
(Immediate family or spouse/partners only permitted limited to two additional people)

Agent (Travellers Mailbag) 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.

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.)	3a. Address to be Used for Delivery (Include PMB or # sign.)		
	3b. City	3c. State	3d. ZIP + 4®

4. Applicant authorizes delivery to and in care of:	5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
a. Name			
b. Address (No., street, apt./ste. no.)			
c. City	d. State	e. ZIP + 4	

6. Name of Applicant	7a. Applicant Home Address (No., street, apt./ste. no)		
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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. a. b.	7b. City		7c. State	7d. ZIP + 4
	7e. Applicant Telephone Number (Include area code)			
	9. Name of Firm or Corporation			
	10a. Business Address (No., street, apt./ste. no)			
	10b. City	10c. State	10d. ZIP + 4	
10e. Business Telephone Number (Include area code)				
11. Type of Business				

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.)

13. If a CORPORATION, Give Names and Addresses of Its Officers	14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.
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Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public	16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)
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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®.
