

MAILBOX APPLICATION



hey, hi, and hello!

Welcome to the Sip & Ship family, we're thankful for the opportunity to serve you!

This constitutes an agreement between the Mail & Dispatch- Sip & Ship, hereinafter referred to as "Mail Service" and _____, hereinafter referred to as "applicant" and shall be governed by these terms to which each party agrees.

01 By completing this form and USPS Form 1583, a copy of which will be made available to the United States Postal Service, Applicant appoints Mail Service as agent for the receipt of mail for a period not to exceed that for which rent has been paid in advance. Applicant will pick up mail at least once a week or make other suitable arrangements, in advance with Mail Service. Applicant shall pay a one-time-set up fee of \$15.00 to cover cost of processing paperwork. This allows two entities to be listed and to receive mail at the mailbox. Each additional entity (unless a minor under the age of 18) will require the completion of USPS Form 1583 and a \$15 processing fee. Photo ID is required for everyone who will receive mail at the mailbox.

02 Charges for mail services may be based upon average volume and activity. Special circumstances, e.g. receipt of very large parcels (e.g. 50+ lbs or 20+ cubic inches) or multiple shipments may require assessment of additional fees. If such a shipment is not picked up within 48 hours of delivery, storage fees may apply.

03 Once Mail Service has placed Applicant's mail in the assigned box, the mail shall be deemed to have been delivered, and Mail Service cannot be responsible for failure of the United States Postal Service to deliver mail in a timely fashion or damaged condition.

04 Applicant agrees to use services in accordance with Mail Service rules and in compliance with all USPS regulations, as well as local, state, and federal statutes and regulations. If Mail Service suspects any illegal activity, service will be terminated immediately and without notice.

05 Information provided by Applicant will be kept confidential and will not knowingly be disclosed without Applicant's prior consent, except law enforcement purposes, in which case Mail Service intends to cooperate fully.

06 Applicant agrees to protect, indemnify and hold harmless Mail Service from and against any and all claims, demands and causes of action of any nature whatsoever, relative to the use of the Mail Service facilities and service. Any expenses of Mail Service incurred in a defense against same shall be reimbursed by Applicant.

07 Should Mail Service commit or fail to commit any act which results in disruption of service and applicant thereby suffers a loss, Mail Service's liability shall be limited to not more than the rental fees paid by Applicant for services not yet received. Mail Service shall not be liable for incidental or consequential damages.

08 Mail is on the premises at approximately 2pm each day and is sorted into the boxes around 3pm on days of normal mail volume. Please allow extra time on days following holidays, and during the month of December. The Mail Service does not function as a message center and will not accept phone calls from box holders asking to check their mail, unless it is an emergency situation or prior arrangements have been made.

09 Mail Service fees are due and payable in advance and notice thereof will be placed in Applicant's box. No other notice will be required. Past due mailbox fees will result in all mail/parcels being held by Mail Service pending receipt of payment, plus a \$20.00 late charge may be assessed. After 30 days, such mail will be returned to sender and box will be closed. Mail Service does not prorate fees and does not provide refunds in the event of cancellation.

10 The address to be used by applicant for the purpose of receiving mail is as follows:

☐ Ballard
1752 NW Market St, #_____, Seattle, WA, 98107

☐ Greenwood
7511 Greenwood Ave N, #_____, Seattle, WA, 98103

11

Applicant may use "Box # ____" as part of their address but may NOT use "Apt" or "Ste." Applicant is responsible for notifying correspondents of the above address and any other subsequent change of address.

12

Upon termination of services by Mail Service or Applicant, or failure to pay rent in advance by Applicant, Mail Service shall not make Applicant's mail available without payment. Applicant understands that the USPS will not forward or return mail without payment and will not accept a Change of Address. At termination or service, if Applicant wishes to have mail forwarded after that date, they shall provide Mail Service with a forwarding address and \$10 forwarding fee plus the cost of shipping. In the event Applicant fails to do this, Mail Service shall retain such mail for no more than 30 days, after which time, it will be destroyed or returned to sender.

13

If moving mail from an existing address please fill out section 7 of attached USPS Form 1583. Leave blank if you wish to control what is delivered.

14

Applicant would like to be conveniently renewed at the end of thier annual mailbox lease term. Sign below to authorize Mail Service to charge your credit/debit card at the end of your lease term

Date

Signature of Applicant

Accountable Mail Addendum

Notwithstanding the terms outlined above concerning mail delivery, I hereby instruct Mail Service to accept accountable mail (register and certified) on my behalf. In consideration for this service and the substantial responsibilities involved therein, I express release Mail Service from all responsibility for loss, damage, or disposition of said accountable mail.

Date

Signature of Applicant

Date

Signature of Agent for Mail Service

Mail Service requires the following information, please print.

Complete Name

Your Email

Residence Address

Telephone

Name of Business

Business Address

Business Telephone Number

Local Reference and Telephone Number

Nearest Relative and Telephone Number

List names of all people entitled to receive mail through this box (Photo ID required for each person)

Office Use Only

- ☐ Two (2) forms of Photo ID, photo copied and stapled to this form.
- ☐ Set up in PostalMate as customer.
- ☐ Mailbox opened, two (2) back of box labels printed & attached to box.
- ☐ Test email/package check in via PIMMS- attach when signed.
- ☐ If mmoving mail from existing address photocopy form 1583 send one to post office.
- ☐ File in corresponding 3-ring binder once completed & shred old application.

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

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.)

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®.

Signature of Applicant _____ Date _____