



Private Mailbox Application

3463 State St. #292
Santa Barbara, CA, 93105
(805) 880-9339

ACKNOWLEDGEMENT FOR PRIVATE MAILBOX SERVICE CUSTOMERS

This acknowledgement is required by Section 17538.5 of the California Business and Professions Code

Any person obtaining private mailbox receiving service in the State of California must read and acknowledge receipt of the following statement, which is to be kept on file at this Commercial Mail Receiving Agency (CMRA) and will be made available, upon demand, to the Department of Consumer Affairs or any law enforcement agency conducting an investigation.

By requesting and obtaining use of a CMRA in the State of California, I acknowledge that:

1. I am obligated to disclose my actual home address or place of residence on a United States Postal Service (USPS) Form 1583 or other form that may later be developed and I further agree that I will provide prompt written notice to this CMRA of any subsequent change in my home address or place of residence.
2. By signing below, I irrevocably authorize this CMRA to act as my Agent for service of process to receive any legal documents that may be served upon me. This authorization shall continue from the date of this agreement until two years after my mail receiving service has been terminated. I understand that this CMRA will (A) place a copy of the document or a notice that the documents were received into my mailbox or other place where I usually receive my mail, unless my mail receiving service has been terminated, and (B) send all documents by first class mail to my home or other last known address to the CMRA.
3. I further acknowledge that I understand that use of a CMRA for commercial purposes in the State of California requires the user to comply with all applicable laws including Section 17538.5 of the Business and Professions Code and laws prohibiting unfair competition and false advertising as set forth in Sections 17200 and 17500 of the Business and Professions Code. Violation of these laws may result in criminal or civil penalties or both. I understand that the USPS Form 1583 that must be prepared for each CMRA customer shall be delivered to the local United States Post Office and a copy of the form must be retained by this CMRA and made available upon demand to the Department of Consumer Affairs or any law enforcement agency conducting an investigation. I hereby agree to accept and abide by the foregoing requirements.

Date _____

Signature _____ Printed Name _____

Home Address _____ City _____ State _____ Zip _____

The below information is for package notification. We never sell your personal information or make it available to any third party.

Email _____ Cell Phone _____



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MAIL RECEIVING SERVICE AGREEMENT

This Mail Receiving Agreement is to provide a mail receiving service to the customer at Santa Barbara Pack & Post (SB P&P). The customer understands that the SB P&P facility and its equipment may not be used for any illegal or illegitimate purpose for any purpose prohibited by the US Postal regulations. The customer further agrees to use the mail receiving service or any other SB P&P service in conformity with all applicable federal, state and local laws.

This agreement and the US Postal Service (USPS) Form 1583 executed by the customer shall remain confidential except that the customer understands that this agreement and the USPS Form 1583 may be disclosed upon request of any law enforcement or government agency.

Possession of a store and/or mailbox key shall be considered valid evidence that the possessor is duly authorized to remove any contents from any mailbox or store facility provided under this agreement.

Mail receiving service fees are all due and payable quarterly IN ADVANCE. There will be no refunds from cancellation of any service. Accounts are delinquent after the due date and will be held pending payment. A late fee of \$10.00 will be charged if payment is not received within five (5) days of the due date. Mail receiving service may terminate at the option of SB P&P thirty (30) days after due date. If necessary arrangements are not made for the forwarding of mail when the agency relationship has expired, is cancelled, or is terminated, the customer's mail may be returned to the sender or destroyed.

The customer further agrees that SB P&P may terminate or cancel this Mail Receiving Service Agreement for good cause at any time by providing the customer thirty (30) days written notice. Good cause shall include, but not be limited to: 1) abandonment; 2) use for criminal or illegitimate activities; 3) failure to pay amounts owed to SB P&P; 4) use of mail receiving inconsistent with this agreement, including receipt of unreasonable volume of mail; and 5) non-performance of the terms of this Mail Receiving Service Agreement. 6) any other reason deemed appropriate by Santa Barbara Pack and Post. Renewal of this Mail Receiving Service Agreement for additional terms shall be at SB P&P's sole discretion.

COD items will be accepted ONLY if prior arrangements have been made and payment in advance is left with SB P&P.

As a customer's authorized agent for receipt of mail SB P&P will accept all mail, including registered and certified documents. In the event the customer refused to accept any such mail, the customer shall pay postage and other fees associated with refusal and return whenever applicable.

The customer further agrees to protect, indemnify and save harmless SB P&P from any and all claims, demands, and causes of action arising out of or in connection with the use or possession of a mail



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receiving, including without limitation, any demands, claims and cause of action for personal injury or property damage arising from such use or possession; from failure of the US Postal Service to deliver on time or otherwise any items (mail, parcels, etc.); from damage to or loss of mail receiving contents by any cause whatsoever and from any violation by customers of applicable federal, state or local laws.

CUSTOMER HEREIN AGREES THAT THE TOTAL LIABILITY OF SANTA BARBARA PACK & POST FOR ANY AND ALL CLAIMS IS LIMITED TO \$50.00 REGARDLESS OF THE NATURE OF THE CLAIM. (INITIAL _____)

The address for receiving mail services shall be:

3463 State Street, # _____
Santa Barbara, CA 93105

Use of the recommended format above will assure you of the earliest possible delivery from the USPS.

Privacy Act Statement

"Privacy Act Statement: The collection of this information is authorized by 39 USC 403 and 404. This information will be used to authorize the delivery of the intended addressee's mail to another. The Postal Service may disclose this information to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain or provide information relevant to an agency decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; and for the purpose of identifying an address as an address of an agent to whom mail is delivered on the behalf of other persons. Information concerning an individual who has filed an appropriate protected court order with the postmaster will not be disclosed in any of the above circumstances except pursuant to the order of a court of competent jurisdiction. Completion of this form is voluntary; however, without the information, the mail will be withheld from delivery to the agent and delivered to the addressee, or, if the address of the addressee is that of the agent, returned to the sender."



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CREDIT CARD AUTHORIZATION

Please complete this form for our auto payment program.

Today's Date _____

Customer Name _____

Customer Phone Number _____

Credit Card # _____

VISA, MASTERCARD, AMEX, DISCOVER

Expiration Date _____

CCV Code _____

Credit Card Billing Address _____ ST ____ ZIP _____

- I authorize Pack and Post to bill my credit card for my private mailbox rent. ____ initial
- I understand that by authorizing this account I assume all associated account charges, mail forwarding, duties, return shipping fees or any other related charges, regardless of whether the recipient refuses a package, duties are billed incorrectly, the package arrives late due to customs delays, or any other reason. ____ initial
- I accept full responsibility for packing materials, labor and any other items used on my behalf. ____ initial
- I authorize Pack and Post to charge my credit card for all related charges. ____ initial

I confirm that Pack and Post is authorized to charge the referenced card for all account charges.

Signature _____

Date _____

Printed Name _____



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1. I am obligated to disclose my actual home address or place of residence on a USPS Form 1583 or other form as may later be developed and I further agree that I will provide prompt written notice to this CMRA of any subsequent change in my home address or place of residence.
2. By signing below, I irrevocably authorize this CMRA to act as my agent for service of process to receive any legal documents that may be served upon me. This authorization shall continue from the date of this agreement until two years after my mail receiving service has been terminated. I understand that this CMRA will (A) place a copy of the documents or a notice that the documents were received into my mailbox or other place where I usually receive my mail, unless my mail receiving service has been terminated, and (B) send all documents by first-class mail to the home or other address last known to the CMRA.
3. I further acknowledge that I understand that use of a private mailbox receiving service for commercial purposes in the State of California requires the user to comply with all applicable laws, including Section 17538.5 of the Business and Professions Code and laws prohibiting unfair competition and false advertising as set forth in Sections 17200 and 17500 of the Business and Professions Code. Violation of these laws may result in criminal or civil penalties or both. I understand that the United States Postal Service Form 1583 that must be prepared for each private mailbox receiving service customer shall be delivered to the local United States Post Office and a copy of the form must be retained by this CMRA and made available upon demand to the Department of Consumer Affairs or any law enforcement agency conducting an investigation. I hereby agree to accept and abide by the foregoing requirements.

Signature _____

Date _____

Printed Name _____

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. <i>(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.)</i>		3a. Address to be Used for Delivery <i>(Include PMB or # sign.)</i>		
		3b. City	3c. State AL	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 <i>(No., street, apt./ste. no.)</i>				
c. City	d. State AL	e. ZIP + 4		
6. Name of Applicant		7a. Applicant Home Address <i>(No., street, apt./ste. no.)</i>		
		7b. City	7c. State AL	7d. ZIP + 4
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.		7e. Applicant Telephone Number <i>(Include area code)</i>		
a.		9. Name of Firm or Corporation		
b.		10a. Business Address <i>(No., street, apt./ste. no.)</i>		
		10b. City	10c. State AL	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 <i>(Include area code)</i>		
		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 <i>(corporation or trade name)</i> 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 <i>(If firm or corporation, application must be signed by officer. Show title.)</i>
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