

Here is a box by box instruction sheet for the new 1583:

Box

- 1 The date the form is filled out

This is the place to list every name or business name that will be receiving mail.
- 2 If husband and wife, both names go here. If there is a long list of names, AKA's, company names, etc, they all go here, attaching a separate sheet if necessary with all the names
P. O. PLUS limit is 4 names - small box; 6 names - medium box; 9 names large box
- 3 Add your PMB number
- 4 PREPRINTED - DO NOT CHANGE OR ADD ANYTHING
- 5 Check **yes** if you use the box for business. Check **no** if not.
- 6 If you do not sign here, you will need to go personally to the post office for any restricted delivery item. e.g. Certified, Return Receipt, Insured, COD
- 7 Name of applicant. This name must match the ID requested in box 9.
- 8 Home address and phone. This must match the ID asked for in box 9.

Two forms of ID for each, one which must contain a photograph.
- 9 This information is completed by P. O. PLUS staff.
The photo ID will be copied [per California law] and retained on file.
- 10 If the box is to be used for business, list the business name(s) here. If not, mark N/A.
- 11 This is the business address of the applicant. It is only needed if you are using the box for business purposes and have checked off box 5. If not, mark N/A.
- 12 If using the box for business purposes, write the type of business. If not, mark N/A.
- 13 If the box is used for business purposes, list every individual who's name will appear on incoming mail. Each must complete a separate 1583 and in person or by notarization provide the two required forms of ID.
- 14 If the box is used for business and the business is a corporation, list the names and addresses of it's officers.
- 15 If the box is for business purposes, list the county, state and date of registration of that business name.
- 16 DO NOT FILL THIS IN. This is for our required signature or the signature of your notary.
- 17 The applicant signs here.

ID ACCEPTABLE TO THE U.S. Post Office

TWO [2] of these ID's required to receive mail at a Commercial Mail Receiving Agency

- | | |
|--|--|
| <input type="checkbox"/> Valid Drivers license | <input type="checkbox"/> State issued ID |
| <input type="checkbox"/> Armed Forces ID | <input type="checkbox"/> Government issued ID |
| <input type="checkbox"/> University ID | <input type="checkbox"/> Recognized corporate ID |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Alien Registration Card |
| <input type="checkbox"/> Voters registration card | <input type="checkbox"/> Current Lease, Mortgage, Deed |
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Home insurance policy |
| <input type="checkbox"/> Vehicle registration Card | <input type="checkbox"/> or vehicle insurance policy |

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 my or our (firm) mail to another address is the responsibility of 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 Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of Form 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 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 8 or 11, and that the identification listed in box 9 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent.
(Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)

3. Address to Be Used for Delivery Including ZIP + 4

**584 Castro Street # _____
 San Francisco, California 94114-2588**

or

**P.O. Box 410990 # _____
 San Francisco, California 94141-0990**

4. Applicant Authorizes Delivery to and in Care of
(Name, address, and ZIP Code of agent)

**PO PLUS
 584 Castro Street
 San Francisco, California 94114-2588**

5. Will This Delivery Address Be Used for Soliciting or Doing Business With the Public? *(Check one)*

Yes No

6. This Authorization Is Extended to Include Restricted Delivery Mail for the Undersigned(s)

7. Name of Applicant

9. Two Types of Identification are Required. One Must Contain a Photograph of the Addressee(s). Agent Must Write in Identifying Information. Subject to Verification.

a. _____

8. Home Address *(Number, street, city, state, and ZIP Code)*

b. _____

Telephone Number ()

Acceptable identification includes: driver's license; armed forces, government, or recognized corporate identification card; passport or alien registration card or other credential showing the applicant's signature and a serial number or similar information that is traceable to the bearer. A photocopy of your identification may be retained by agent for verification.

10. Name of Firm or Corporation

12. Kind of Business

13. 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 and ages of minors receiving mail at their delivery address.)*

14. If a CORPORATION, Give Names and Addresses of Its Officers

11. Business Address *(Number, street, city, state and ZIP Code)*

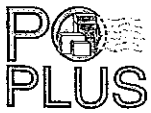
Telephone Number ()

15. If Business Name of The Address *(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). *(18 U.S.C. 1001)*

16. Signature of Agent/Notary Public

17. Signature of Applicant *(If firm or corporation, application must be signed by officer. Show title.)*



Application for Mailbox Rental

PO PLUS Corporation • 584 Castro Street • San Francisco • CA 94114-2594 • 415.864.5888

This Agreement made [date] ___/___/___ by and between _____, hereinafter referred to as "APPLICANT" and P.O. PLUS Corporation, hereinafter referred to as "PO PLUS," shall be governed by these terms to which each party agrees:

1. By completing this form and USPS Form 1583, a copy of which will be made available to the US Post Office, APPLICANT appoints PO PLUS as agent for receipt for a period not to exceed that for which rent has been paid in advance. PO PLUS will provide a lock box key to applicant who may obtain mail during the business hours posted by PO PLUS. Should APPLICANT appoint another person or organization, PO PLUS shall assume that possession of a key is evidence of authority to collect mail. APPLICANT will pick up mail at least once each month or make other suitable arrangements in advance with PO PLUS.
2. The key loaned to APPLICANT shall require refundable cash deposit and remains the property of PO PLUS. It shall not be duplicated or modified by APPLICANT. The key deposit shall be refunded on return of the key within ten (10) days of termination of service. APPLICANT understands that the relationship of the parties hereto is one of bailment and not landlord and tenant.
3. Once PO PLUS has placed APPLICANT's mail in the assigned lock box, the mail shall be deemed to be delivered and PO PLUS shall not be responsible for loss, theft of damage. PO PLUS is not engaged in the delivery of mail and cannot be responsible for failure of the United States Postal Service to deliver mail in a timely fashion or undamaged condition.
4. APPLICANT agrees to use services in accordance with PO PLUS rules and in compliance with all U.S. Postal regulations, as well as local, state and federal statutes and regulations. Failure to do so may result in cancellation of service without notice or refund. APPLICANT agrees that PO PLUS may cancel or terminate this agreement for good cause at any time by providing customer 30 days written notice (which can be placed in the customer's lock box). Good cause includes, but is not limited to: 1) use for criminal or illegal activity; 2) failure to pay PO PLUS monies owed; 3) abandonment; 4) use of the mailbox inconsistent with this agreement, including receipt of unreasonable amounts of mail; and 5) non-performance of the terms of this agreement. Renewal of this agreement shall be at the sole discretion of PO PLUS.
5. Information provided by APPLICANT will be kept confidential and not knowingly be disclosed without APPLICANT's prior consent, except for law enforcement purposes, in which case PO PLUS intends to cooperate fully. Law enforcement is further clarified to include all city, county, state or federal agencies or their representatives. APPLICANT will advise PO PLUS if any information changes.
6. Mail will be accepted in a single small lock box for up to three (3) persons or organizations, in a medium for up to four (4), and in a large for up to seven (7). Each person who receives mail must complete Form 1583 and provide two forms of ID, one being a valid photo ID. Mail that does not fit into the box will be placed in an excess bag and a charge of \$1.00 per bag will be made. If APPLICANT consistently receives substantially more mail than can be placed in a single lock box, PO PLUS reserves the right to require APPLICANT to rent a larger box or one or more additional boxes. Charges for service are based upon average daily volume and activity. Special circumstances, i.e. parcels, may require assessment of additional fees. An unusually high volume of mail will result in either a higher fee being charged, or termination of the mail receiving services. APPLICANT further agrees that parcels delivered to this address will be delivered by common carrier only, that no truck line deliveries will be made, that parcels will be retrieved within 24 hour after delivery, and that no hazardous or dangerous material will be delivered. Failure to adhere to any of these delivery stipulations may result in termination of service.
7. APPLICANT agrees to protect, indemnify and hold harmless PO PLUS from and against any and all claims, demands and causes of action of any nature whatsoever relative to use of PO PLUS facilities or services, and any expense incurred in defense of same shall be reimbursed by APPLICANT.
8. Should PO PLUS commit or fail to commit any act which results in disruption of service and APPLICANT thereby suffers a loss, PO PLUS's liability shall be limited to not more than the rental fees paid by APPLICANT for services not yet received. PO PLUS shall not be liable for incidental or consequential damages.
9. Certified, registered, insured, or C.O.D. mail and parcels will be accepted by PO PLUS only in those cases in which APPLICANT specifically authorizes same by signing box six (6) of USPS form 1583 and provides full, advance payment of C.O.D. charges.
10. PO PLUS fees are due and payable in advance and notice thereof will be placed in APPLICANT's lock box. No other notice will be required. Failure to pay such fees when due may result in disruption or cancellation of services. PO PLUS does not pro-rate fees and does not provide refunds in the event of cancellation by APPLICANT. A late fee of \$10.00 will be charged if payment is not received within five (5) days of the due date. Accounts are delinquent after the due date and mail will be held pending payment. Service may be terminated at the option of PO PLUS ten (10) days after the due date. If necessary arrangements are not made for the forwarding of mail when the agency relationship has expired, is canceled, or is terminated, the customer's mail will be returned to the sender or destroyed using directions from the Domestic Mail Manual.
11. APPLICANT shall use the only the address designation "#" or "PMB" to designate their address. NO OTHER DESIGNATION IS VALID. Specifically excluded is the use of "suite," "apt," or other designators. The US Postal Service may refuse to deliver any piece of mail that does not include the "#" or "PMB" sign designation. APPLICANT is responsible for notifying correspondents of their address.

APPLICANT's Name or Business Name
 584 Castro Street PMB or # _____
 San Francisco, CA 94114-2594

OR

APPLICANT's Name or Business Name
 P.O. Box 410990 # _____
 San Francisco, CA 94141-0990

TERMINATION ADDENDUM

12. Upon termination of services by PO PLUS or failure to pay rent in advance by APPLICANT, PO PLUS shall not make APPLICANT's mail available without payment of the applicable fees including late fees and/or storage fees.
13. APPLICANT understands that the U.S. Postal Service and PO PLUS will not forward mail without payment of new postage fees.
14. APPLICANT understands that the U.S. Postal Services will not accept a Change of Address once the APPLICANT's agency relationship ends.
15. If APPLICANT wishes, forwarding after terminating service, they shall provide PO PLUS with a forwarding address and pay the required fees assessed by PO PLUS for storing and forwarding mail or parcels for closed boxes. This fee is higher than box holder forwarding.
16. In the event APPLICANT does not pay for mail forwarding in advance PO PLUS will handle mail in accordance with USPS regulations and return it to the Post Office or destroy it as required by postal regulations.
17. I do not wish to have my mail forwarded. _____
initials

DATE _____

APPLICANT SIGNATURE _____

DATE _____

PO PLUS SIGNATURE _____



Acknowledgement For California Mailbox Customers

This acknowledgement is required by Section 17538.5 of the Business and Professions Code of the State of California. 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 the CMRA and will be made available upon demand, to the Department of Consumer Affairs or any law enforcement agency conducting an investigation.

By obtaining use of a private mailbox receiving service in the State of California, I acknowledge that:

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 whether 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 the 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 civil or criminal 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.

DATE

SIGNATURE

NAME (Printed)

STREET ADDRESS

CITY/STATE/ZIP

POP/CAA/1002