

EzyMailService

Business or Personal Account - Optional Scan & Ship Service

To apply for Delivery of Mail Through Agent you must fill out the attached form USPS form 1583. Please return the original signed form, with your check and deposit for \$250.00, for 365 days of service, a copy of your Legal ID (front & back) plus copy your Residence ID (front & back).

Check made out to: EzyMailService. If no check included with the application we will phone for credit card authorization. Fees: Flat fee for one year, \$250.00. Key Deposit: \$50.00 if Key Provided.

Scan and Forwarding: \$100 deposit, when balance drops to \$25, client billed to bring this back to \$100. Scan and Email: \$5.00 / per event (not per document).

If mail is received at my box: Do not scan and email.

Please scan and email my mail to me EVERY DAY; or

WEEKLY BASIS on _____.[Day of the Week].

Seven (7) days after the scanned correspondence is emailed to the client the original documents will be shredded unless the client emails info@EzyMailService.com with a request for the specific document to be held or forwarded.

Check here if you want mail considered standard aka advertising aka junk mail to be discarded.

Check here if you want periodicals a/k/a newspapers and magazines to be discarded.

If you do not want advertising and/or periodicals to be discarded, how often do you want this correspondence to be bundled and forwarded to you?

Weekly Monthly

Scanned email to be emailed to: _____

Forwarded mail to be sent to:

We are mobile, call _____ for location.

Fixed Address:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

EzyMailService
Individual or Business Account

USPS Form 1583 – April 2003 Edition

Box 2B: EzyMailService will assign your PMB# upon receipt of your application and payment for the service.

3. Please check if the account is for Business or Personal

4. This section (4a-4k) is the information for the person filling out the application.

5. Leave Blank, unless you plan on sending someone other than yourself to physically pick up your mail in Harlingen, TX.

6. Leave Blank.

7a-7i. Fill out with your business information.

7i. This is the county and state of your business registration if registered in the USA, country if not USA based.

8. Fill out information on the person named in section 4, attach copy of first form of identification (front & back).

9. Fill out information on the person named in section 4, attach copy of proof of permanent home address (front & back).

10 – 12: Leave Blank, unless you plan on sending someone other than yourself to physically pick up your mail in Harlingen, TX.

13a. Sign and Date

14a. Leave Blank.

THANK YOU FOR YOUR CONFIDENCE!!!!



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"/> 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			
<input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³				9a. Applicant's Name			
4. Name of Applicant				9b. Applicant's Street Home Address¹			
4a. Last Name		4b. First Name	4c. Middle Initial	9c. City			
4d. Telephone Number (include area code)		4e. Email Address		9d. State	9e. ZIP + 4	9f. Country	
4f. Applicant's Street Home Address ^{1,4}				9g. Address ID type (check one) — Must Contain the Address in 9b–9f			
4g. City		4h. State	4i. ZIP + 4	4j. Country	<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		
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.				10. Photo ID Information for Authorized Individual (if applicable) ⁹			
5. Authorized Individual⁶				10a. Authorized Individual's Name		10b. Authorized Individual's ID Number	
5a. Last Name		5b. First Name	5c. Middle Initial	10c. Issuing Entity		10d. Expiration Date on the ID	
5d. Telephone Number (include area code)		5e. Email Address		10e. Photo ID type (check one)			
5f. Authorized Individual's Street Home Address ^{1,6}				<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			
5g. City		5h. State	5i. ZIP + 4	5j. Country	11. Address ID Information for Authorized Individual (if applicable)¹¹		
6. If Transferring PMB Mail to Another Address⁷...				11a. Authorized Individual's Name			
6a. Street Address Mail Is Transferred To ¹				11b. Authorized Individual's Street Home Address ¹			
6b. City		6c. State	6d. ZIP + 4	6e. Country	11c. City		
6f. Telephone Number (include area code)		6g. Email Address		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 _____ My commission expires: _____,</p> <p>_____, 20_____</p>	<p>Official Seal:</p>
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Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

1. Private Mailbox (PMB) Information

1a. Date PMB Opened Date PMB Opened	1b. Date PMB Closed
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8. Photo ID Information for Applicant⁹

8a. Applicant's Name Name on Photo ID	8b. Applicant's ID Number ID Number
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2. Commercial Mail Receiving Agency (CMRA) Place of Business Information

2a. Street Address to be Used for Delivery ¹ Address of CMRA	2b. PMB # PMB #
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8c. Issuing Entity Issuing entity such as BMV or Passport	8d. Expiration Date on the ID Expires on M/D/Y
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2c. City CMRA City	2d. State CMRA State	2e. ZIP + 4 [®] CMRA ZipCode
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8e. Photo ID type (check one) <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"/> U.S. Access Card <input type="checkbox"/> U.S. University ID Card	<input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> NEXUS Card	Check One
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3. Type of Service Requested <input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³	Check One
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4. Name of Applicant		
4a. Last Name Last Name	4b. First Name First Name	4c. Middle Initial Middle Initial

9. Address ID Information for Applicant ¹¹
9a. Applicant's Name Name on Address ID

4d. Telephone Number (include area code) Phone Number	4e. Email Address Email
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9b. Applicant's Street Home Address ¹ Address of Applicant
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4f. Applicant's Street Home Address ^{1,4} Applicant Street Address			
4g. City City of Applicant	4h. State ST	4i. ZIP + 4 ZipCode	4j. Country Country

9c. City City of Applicant	9d. State ST	9e. ZIP + 4 ZipCode	9f. Country Country
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4k. Is applicant a court-ordered protected individual? If "Yes," you must attach a copy of the court order.	<input type="checkbox"/> Yes <input type="checkbox"/> No Answer Y or N
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9g. Address ID type (check one) — Must Contain the Address in 9b–9f <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Mortgage or Deed of Trust	<input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card	Check One
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5. Authorized Individual ⁵		
5a. Last Name	5b. First Name	5c. Middle Initial

10. Photo ID Information for Authorized Individual (if applicable) ⁹	
10a. Authorized Individual's Name	10b. Authorized Individual's ID Number

5d. Telephone Number (include area code)	5e. Email Address
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10c. Issuing Entity	10d. Expiration Date on the ID
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5f. Authorized Individual's Street Home Address ^{1,6}			
5g. City	5h. State	5i. ZIP + 4	5j. Country

10e. Photo ID type (check one) <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"/> U.S. Access Card <input type="checkbox"/> U.S. University ID Card	<input type="checkbox"/> Passport <input type="checkbox"/> Matricula Consular <input type="checkbox"/> NEXUS Card	<input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Permanent Resident Card
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6. If Transferring PMB Mail to Another Address ⁷ ...			
6a. Street Address Mail Is Transferred To ¹ Use if PMB is used to forward mail to other address			

11. Address ID Information for Authorized Individual (if applicable) ¹¹			
11a. Authorized Individual's Name			

6b. City	6c. State	6d. ZIP + 4	6e. Country
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11b. Authorized Individual's Street Home Address ¹			
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6f. Telephone Number (include area code)	6g. Email Address
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11c. City	11d. State	11e. ZIP + 4	11f. Country
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7. Business/Organization Information	
7a. Name of Business/Organization Must complete if for a business	7b. Type of Business

11g. Address ID type (check one) — Must Contain the Address in 11b–11f <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Current Lease <input type="checkbox"/> Mortgage or Deed of Trust	<input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card
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7c. Business Street Address ¹			
7d. City	7e. State	7f. ZIP + 4	7g. Country

12. Exceptions for Additional Recipients of Mail ¹³ additional recipient names			
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7h. Telephone Number (include area code)	7i. Place of Registration ⁸
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13a. Signature of Applicant ¹⁴ Applicant Signature	13b. Date Date of Signing
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7h. Telephone Number (include area code)	7i. Place of Registration ⁸
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14a. Signature of Witness ¹⁵ Witness Signature	14b. Date Date of Signing
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