

Here are the forms you will need to open a box at Mail Call. You may complete these in advance and mail or bring them in, or just come by our store with 2 forms of ID, and we'll be happy to walk through the whole process with you!



551 W. Cordova Rd. Ste A
Santa Fe, NM 87505
505.988.2522
www.mailcallsf.com

Dear New Mailbox Holder,

Please find attached the paperwork for mailbox rental. Pages 2 and 3 are your contract with Mail Call. Form 1583 (page 4) is the contract with the US Post Office. The Postmaster General requires each person receiving mail in your mailbox to fill out this form (see instructions below). Page 5 is optional—this will allow us to bill your credit card for the mailbox charges. Of course you may also send a check or pay in person.

If you are coming in person to open your box, don't worry about filling anything out; we'll walk through these forms with you!

If you are not coming in person to open your box, here are the details on how to fill out Form 1583 and mail everything to us:

Each space on Form 1583 requires attention. Please write N/A for "not applicable" in spaces that do not apply to you. Your signature is required in box #16.

Each person receiving mail in your box must provide us with a **copy of 2 forms of identification**. These ID numbers go in blanks #8 a. and b. The USPS is very restrictive on which types of ID will work; these restrictions are described in #8. One ID must have a photo and the other must have a serial number and a signature. We are not permitted to use credit cards or social security cards for identification. However, voter's registration cards, library cards, health insurance cards, vehicle insurance cards, and membership cards *will* work. ***Please send us a color copy of each of these IDs.***

Also, the USPS form 1583 must be signed and notarized in box #15. Even if you fax or email the documents, you must also mail the originals to Mail Call, 551 W. Cordova Rd., Santa Fe, NM 87505.

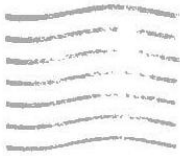
Final checklist of documents we need:

- Color copy of two forms of ID for each individual to receive mail
- Mailbox Rental Agreement
- USPS 1583 form for each individual to receive mail
- Include a note with your email address if you would like to receive free email notification when you receive packages

If you have any questions please don't hesitate to either call us at 505-988-2522 or email us at info@mailcallsf.com. Welcome to the neighborhood!

Muchas Gracias,

Shasta Brooks and *Scott Zogbaum*, owners



How did you hear about our Mailboxes?

- Friend _____
- Drive-by
- Van
- Internet search
- www.mailcallsf.com
- In-store signage
- Advertisement
- Phone book
- Other _____

Mailbox Rental Agreement

Box # _____

This Agreement made on (date) _____ by and between (your name) _____, hereinafter referred to as "Applicant," and "Mail Call," herein after referred to as "Mail Service," 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 United States Postal Service, applicant appoints Mail Service as agent for the receipt for a period not to exceed that for which rent has been paid in advance. Applicant will pick up mail at least once each month or make other suitable arrangements in advance with Mail Service. Mail Service will provide a lockbox key to applicant who may obtain his mail during the business hours posted by Mail Service. Should applicant appoint another person or organization, Mail Service shall assume that possession of a key is evidence of authority to collect mail.
2. The key loaned to applicant shall require a refundable cash deposit and remains the property of Mail Service and shall not be modified by applicant. The key deposit shall be refunded upon 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 Mail Service has placed applicant's mail in the assigned lockbox, the mail shall be deemed to have been delivered, and Mail Service shall not be responsible for loss, theft or damage. Mail Service is not engaged in the delivery of mail and cannot be responsible for failure of the United States Postal Service to deliver mail or to deliver it in a timely fashion or undamaged condition.
4. Applicant agrees to use services in accordance with Mail Service rules and in compliance with all US Postal regulations, as well as local, state and federal statutes and regulations. Failure to do so may result in cancellation of service without notice, refund or mail forwarding. Suspicions of illegal operations being conducted utilizing the Mail Service boxes will be reported to the New Mexico State's Attorney office.
5. Information provided by applicant will be kept confidential and will not knowingly be disclosed without applicant's prior consent, except for law enforcement or postal operation purposes, in which case Mail Service intends to cooperate fully. Law enforcement is further clarified to include all city, county, state or federal agencies or their representatives.
6. Mail will not be accepted for more than five (5) persons or organizations in a single lockbox **and each recipient must complete a USPS Form 1583 and provide required identification.** Unlimited numbers of immediate family members to the primary applicant may be listed with proper identification provided. If applicant consistently receives substantially more mail than can be placed in a single lockbox, Mail Service reserves the right to require applicant to rent a larger size box or one or more additional boxes. Charges for service are based upon average daily volume and activity. **Special circumstances, e.g. high number of parcels, etc. may require assessment of additional fees.** Applicant agrees that parcels will be retrieved within 48 hours after delivery and that no hazardous or dangerous material will be delivered to applicant.
7. 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 use of Mail Service facilities and services.
8. Should Mail Service commit or fail to commit any act that 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 service not yet received. Mail Service shall not be liable for incidental or consequential damages.
9. **Per USPS regulations, ALL Certified, Insured, or C.O.D. Mail or Parcels will be accepted by Mail Service on behalf of applicant.** Full advance payment of C.O.D. charges must be made to Mail Service *prior to acceptance* of C.O.D. packages.

10. Mail Service fees are due and payable in advance and notice thereof will be placed in applicant's lockbox. No other notice will be required. **Failure to pay such fees when due may result in late fees, disruption or cancellation of services.** Mail Service does not prorate fees when services are cancelled. Currently notices are delivered on or about the 20th of the month with payment due on the 1st of the approaching month.
11. Payments received will be applied first towards any outstanding House Account Charges and then toward Mail Box Rental Fees and Late Fees.
12. **Applicant shall use only the address designation of "PMB" or "#" to designate their box number.** NO OTHER DESIGNATION IS VALID. Specifically excludes is the use of "suite," "dept.," "apt.," or other designators. The US Postal Service may refuse to deliver any piece of mail improperly addressed. Applicant is responsible for notifying correspondents of the above address.
13. **Upon termination of service by Mail Service or failure to pay rent in advance by applicant, Mail Service shall not make applicant's mail available without payment theretofore.**
14. **Applicant understands that the US Postal Service will NOT forward or return mail without payment and will not accept a "Change of Address" from a private mail center address (businesses such as this Mail Service).**
15. **At termination of service, applicant, if he wishes mail forwarded after the termination date, shall provide Mail Service with a forwarding address and pay the required fees.** No third party billing or supplied postage will be accepted for postage fees. In the event applicant fails to do this, Mail Service shall refuse any further mail and, in the case of mail already received handle such mail in accordance with USPS DMM D042.2.6 regulations.

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 USPS privacy policies, see the privacy link on usps.com

Authorized Recipients:

Please Note: The postmaster general requires *all persons* to fill out a USPS 1583 form in order to receive mail *unless mail is sent to them in care of a mailbox holder who has already filled out the USPS 1583 form.* ***Organizations and children under 18 years of age are the only exceptions to this requirement.***

please print

1. _____
2. _____
3. _____
4. _____
5. _____

Signature: _____ **Date:** _____

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.

<p>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.)</p>	<p>3a. Address to be Used for Delivery (Include PMB or # sign.) 551 W Cordova Rd. # _____</p>		
<p>4. Applicant authorizes delivery to and in care of:</p>	<p>3b. City Santa Fe</p>	<p>3c. State NM</p>	<p>3d. ZIP + 4® 87505</p>
<p>a. Name Mail Call</p> <p>b. Address (No., street, apt./ste. no.) 551 W. Cordova Rd</p> <p>c. City Santa Fe</p> <p>d. State NM</p> <p>e. ZIP + 4 87505</p>	<p>5. This authorization is extended to include restricted delivery mail for the undersigned(s):</p>		
<p>6. Name of Applicant</p>	<p>7a. Applicant Home Address (No., street, apt./ste. no)</p>		
<p>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.</p> <p>a.</p> <p>b.</p> <p>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.</p>	<p>7b. City</p>	<p>7c. State</p>	<p>7d. ZIP + 4</p>
<p>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.)</p>	<p>7e. Applicant Telephone Number (Include area code)</p>		
<p>13. If a CORPORATION, Give Names and Addresses of Its Officers</p>	<p>9. Name of Firm or Corporation</p>		
<p>15. Signature of Agent/Notary Public</p>	<p>10a. Business Address (No., street, apt./ste. no)</p>		
<p>16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)</p>	<p>10b. City</p>	<p>10c. State</p>	<p>10d. ZIP + 4</p>
<p>15. Signature of Agent/Notary Public</p>	<p>10e. Business Telephone Number (Include area code)</p>		
<p>15. Signature of Agent/Notary Public</p>	<p>11. Type of Business</p>		
<p>15. Signature of Agent/Notary Public</p>	<p>14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.</p>		

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 X



Authorization of 3rd Party Use of Credit Card (OPTIONAL)

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

I _____, hereby authorize Mail Call to charge my credit card for the following purpose(s):

- Mailbox Rent
- Mail Forwarding
- Mail Call Account Payment
- Other: _____

Credit Card #: _____

Expiration Date: _____ CIV #: _____

Card Type: Visa MasterCard American Express Discover

Signature: _____ Date: _____ CIV: _____