

THANK YOU FOR SELECTING MYNEWYORKADDRESS

The address is 34-23 Steinway street suite # (to be assigned)

Astoria, NY 11101

Mail/Package walk-in pickup hours: Mon-Fri (10:00 am to 7:00pm) Saturday (11:00 am to 5:00 pm)

The fax number is 718-361-6323

The phone number is 718-204-5409

Instant E-mail notification when you receive **UPS / FedEx / DHL** packages.
info@mynewyorkadess.com

Sign-up is Simple:

- :-Scroll down & Print the 2 forms.
- :-Fill out the forms and Select the service type.
- :-Please make sure to include clear copy of your photo ID.
- :-Fax the forms to **718-361-6323** or email them to info@mynewyorkadess.com

Any Questions, Please Call us: **718-204-5409**

This is Page 1/3

Thank You for your Order.

34-23 Steinway street suite, Astoria

To Sign-up: Please walk-in / fax / e-mail the completed forms.

No Set-up Fee.....No Deposit.....No Long-term Contract

ORDER FORM-Please circle the services you are ordering.

Description	Monthly Rate	2 Months (minimum)	Yearly Rate Introductory Offer for Business Mail box @\$ 19.95 per month!!!
Business Mail (One Business Name & Your Name)	\$19.95	\$39.90	\$209.40
Personal Mail (Non-Business Only)	\$14.95	\$29.90	\$149.40
Mail Forwarding National / International	Monthly: FREE	Weekly or Bi-weekly: \$5.00/month Please provide us with self-addressed stamped priority mail envelopes.	
Package Forwarding National / International	UPS/FedEx/DHL: Your account number + our service charge \$10.00/shipment. Package storage fees apply depending upon size/weight.		

NOTE : Each Additional Business or Person's name is \$10.00/mo. Neither "ATTENTION" nor "care of" (C/O) are allowed.

SELECT PAYMENT OPTION

CREDIT CARD

CHECK

MONEY ORDER

PAYPAL (info@mynewyorkadress.com)

Amount to be charged: _____+NYS sales tax (8.875%) Name (as it appears on card):

_____ Phone Number:

_____ E-mail: _____ Billing Address

of the Credit Card: _____

City: _____ State: _____ Zip: _____

Credit Card Number: ____/____/____/____ Exp. Date: ____/____ Card Code: ____

Master Card

Visa

AMEX

Discover

Signature: _____ Date: _____

ENROLL FOR AUTO-PAY: I authorize ADDASSI SERVICES LLC to charge \$_____per month automatically. INITIAL _____

Please Fill-In Where Marked '0'

United States Postal Service[®] Application for Delivery of Mail Through Agent

1. Date

. Date See Privacy Act Statement on Reverse

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.

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 P S Form 1583 for EACH applicant. Spouses may complete and sign one P S 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 P MB or # sign.) 34-23 Steinway street suite 3b. City 3d. ZIP + 4 3c. State Astoria, NY 11101 10001-7604	
4. Applicant authorizes delivery to and in care of: a. Name b. Address (No., street, apt./s te. no.)		5. This authorization is extended to include restricted delivery mail for the undersigned(s): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c. City	d. State	e. ZIP + 4	
6. Name of Applicant 0		7a. Applicant Home Address (No., street, apt./s te.no) 0	
7b. City	7c. State	7d. ZIP + 4	
8. Two types of identification are required. One must contain a photograph of the address ee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification. 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. a. 0		9. 7e. Applicant Telephone Number (Include area code) 10a. Business Address (No., street, apt./s te. no) Name of Firm or Corporation 0	

10b. City	10c. State	10d. ZIP + 4
11. Type of Business 10e. Business Telephone Number (Include area code) 0		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 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).		14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.
15. Signature of Agent		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.) 0