

Your Best Address

Application for Mail Forwarding Service

This is an Application to Your Best Address for the forwarding of mail. You should fill out completely so we can handle your mail forwarding and other services according to your instructions.

Name/s (print) _____

Your current address _____
(street/city/state/zip)

Email: _____ Phone # _____

Emergency contact name and phone number/email if available _____

<p style="text-align: center;">Please Check All Your Choices</p> <p>_____ Forward only First Class mail (discard junk mail)</p> <p>_____ Authorize Your Best Address to accept mail requiring signature (certified, insured, etc)</p> <p>_____ Forward all trade/professional & subscribed magazines</p> <p>_____ Send me everything</p> <p>Special Instructions _____</p> <p>Questions? Call us at 1-800-419-1690 or email us at yba@midconetwork.com</p>	<p style="text-align: center;">Pay for 12 Months and Get the 13th FREE!</p> <p style="text-align: center;">FREE Email Notification of Your Mailings!</p> <p style="text-align: center;">You Get FREE SHREDDING of All Unwanted Mail!</p> <hr/> <p style="text-align: center;">Select Your Mail Forwarding Schedule</p> <p>Send my mail once a week _____ (most popular)</p> <p>Send my mail twice a month _____</p> <p>Send my mail once a month _____</p> <p>Don't send my mail until I call or email you _____</p> <p>Other: _____</p>
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Mail Forwarding Start Date _____

Amounts Due

\$ _____ \$10 monthly mailbox rental, billed quarterly,
Or you may pay in any 3 month increment you prefer,
3 - 6 - 9 or 12 months...

Bonus! Pay for 12 months, get the 13th month Free!

\$10 (one-time new account setup fee)

\$ _____ Add vehicle registration assistance fees
(\$26 per RV or vehicle being registered)

\$ _____ Sub-Total

\$ _____ add 6% SD services tax on sub-total

\$ _____ add initial postage deposit, \$25 minimum

\$ _____ add up and enter Total Amount Due

This payment is made by (**circle one**)
check# _____ money order # _____

Signature: _____

Note: \$1 handling charge for each mail shipment and other small charges (for fax, copying, etc) are taken from postage deposit account. Please complete this Application, enclose with Mailbox Rental & Mail Forwarding Service Agreement, notarized USPS Form 1583 and ID copies and mail to: Your Best Address, 401 E. 8th St, Ste 214, Sioux Falls, SD 57103.

YOUR BEST ADDRESS

Mailbox Rental & Mail Forwarding Service Agreement

This Agreement made on (date) _____ between Your Best Address, located at 401 E. 8th St, Ste 214, Sioux Falls, SD 57103;

and

(your name) _____, known as "Customer", shall be governed by these terms, to which each of us agrees. Also, the Application for Mail Forwarding must be completed and is a part of this agreement. A form required by the United States Postal Service (USPS) Form 1583 must be completed, notarized and returned with this agreement, as explained in "Instructions For Form 1583". Customer should evaluate their approximate monthly postage needs and provide the appropriate postage deposit, minimum of \$25.

\$10 Monthly Personal Mail Box Rental and any optional Special Services shall be billed quarterly in advance. Customer may pay in any three-month increment they prefer. Pay for 12 months at one time and get the 13th month free. Customer will receive Free Shredding of unwanted mail. A handling charge of \$1 per mailing shipment will be made. Handling charges, fax-forwarding charges, copying charges and any small miscellaneous charges, will be paid from the postage deposit account. If Customers postage deposit account becomes exhausted, no mail will be forwarded until Customer provides sufficient funds to resume mail forwarding. We accept personal check, cashier's check and money order. Personal checks are preferred.

Sample of customer mailing address:

Line 1: Your Name (or business name)

Line 2: 401 E. 8th St, Ste 214 - XXX

Line 3: Sioux Falls, SD 57103

Our staff at Your Best Address will take every precaution in the handling and processing of your mail. We cannot be held responsible for damage to, or loss of, any mail or merchandise shipment via the USPS or any other carrier, while on its way to or from our facility. Customer agrees to protect, indemnify and hold harmless Your Best Address and it's employees from and against any and all claims, demands and causes of action of any nature whatsoever, relative to use of Your Best Address services. In any event or matter, maximum liability to Your Best Address, its employees, owners or principals, in any matter shall not exceed fifty dollars. (\$50)

All personal information given us by Customer shall remain completely confidential. We do not sell, rent or give away any information, except for requests by valid law enforcement agencies or postal inspectors or their designates, who may be investigating possible criminal activity. Use of a Personal Mail Box for any unlawful purpose is strictly forbidden and when discovered will result in termination of mail forwarding service.

Customer agrees that upon termination of service by us or by Customer, or by failure to pay rental or other charges when due or requested, or if there are no funds in Customers postage deposit account, Your Best Address shall not make Customers mail available and mail will not be forwarded. After 30 days, if Customer has not replied to our request for rentals and/or postage deposit funds, the mailbox will be considered abandoned and mail will be discarded and/or returned to sender. There is no refund of unused monthly rental. Upon termination of service, if there are funds still in the postage account they will be refunded after 60 days to Customer, at Customers last known address. This allows forwarding time for items that arrive after termination date.

At termination of service, I hereby instruct Your Best Address to do one of the following:

(choose 1 or 2 below)

1. Forward my mail to the address I give you at time of termination. I will provide forwarding postage and pay Your Best Address normal fees until postage funds are exhausted or I notify you to stop.
2. Do not forward my mail. I understand and agree my mail and other items will not be forwarded and may be discarded or returned to sender.

Customer Signature/s

Date

Print Customer Name/s

Signed For: Your Best Address

Thanks for becoming a customer of Your Best Address. We will do everything possible to meet your needs.

Please mail this Agreement, the Application for Mail Forwarding Service and USPS Form 1583, notarized with ID copies to:

Your Best Address 401 E. 8th St, Ste 214 Sioux Falls, SD 57103.

As soon as we receive it we'll set up your mailbox and notify you. (if you have not already been given your address via phone or email). Be sure to include your first payment for mailbox rental and postage deposit as explained on the Application for Mail Forwarding Service.

Thanks again, and we look forward to serving you.

Larry and Rose Marie Sroufe

Questions? Just call us at 1-800-419-1690, or 605-334-5313, or email us at yba@midconetwork.com

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. (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.)			3a. Address to be Used for Delivery (Include PMB or # sign.) <div style="text-align: center; font-weight: bold;">401 E. 8th St, Ste 214 #</div>		
			3b. City	3c. State	3d. ZIP + 4®
			Sioux Falls	SD	57103
4. Applicant authorizes delivery to and in care of: a. Name <div style="text-align: center; font-weight: bold;">YOUR BEST ADDRESS</div> b. Address (No., street, apt./ste. no.) 401 E. 8th St, Ste 214			5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
c. City	d. State	e. ZIP + 4			
SIOUX FALLS	SD	57103			
6. Name of Applicant			7a. Applicant Home Address (No., street, apt./ste. no)		
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. a. b.			7b. City	7c. State	7d. ZIP + 4
			7e. Applicant Telephone Number (Include area code)		
			9. Name of Firm or Corporation		
			10a. Business Address (No., street, apt./ste. no)		
			10b. City	10c. State	10d. ZIP + 4
			10e. Business Telephone Number (Include area code)		
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.			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 (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).					
15. Signature of Agent/Notary Public			16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)		

United States Postal Service®
Application for Delivery of Mail Through Agent
 See Privacy Act Statement on Reverse

1. Date
 Today's 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 via addresses to which addressee(s) must

**SAMPLE FORM FOR
 ILLUSTRATION ONLY**

NOTE: The applicant must provide the CMRA business designee) and the regulations relative corrective action is taken.

employee, or a notary public. Completed signed copy at on by the postmaster (or Postal Service rules and of mail from delivery until

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 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.) List your name(s) used on all mail.			3a. Address to be Used for Delivery (Include PMB or # sign.) 401 E. 8th St, Ste 214 #		
4. Applicant authorizes delivery to and in care of:			5. This authorization is extended to include restricted delivery mail for the undersigned(s): Your SIGNATURE HERE authorizes Your Best Address to receive and forward restricted delivery mail.		
a. Name YOUR BEST ADDRESS			7a. Applicant Home Address (No., street, apt./ste. no) Your current address or address from identification(s).		
b. Address (No., street, apt./ste. no.) 401 E. 8th St, Ste 214			7b. City Your City		
c. City SIOUX FALLS		d. State SD	e. ZIP + 4 57103		
6. Name of Applicant Your legal name(s) here			7c. State ST		
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.			7d. ZIP + 4 54321		
a. List your first ID, please include spouse if applicable.			7e. Applicant Telephone Number (Include area code) (123) 456-7890		
b. List your second ID, include spouse if applicable.			9. Name of Firm or Corporation Complete boxes 9 - 14 ONLY if a business firm or corporation		
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.			10a. Business Address (No., street, apt./ste. no)		
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.)			10b. City		
13. If a CORPORATION, Give Names and Addresses of Its Officers			10c. State		
14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.			10d. ZIP + 4		
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).			10e. Business Telephone Number (Include area code)		
15. Signature of Agent/Notary Public			11. Type of Business		
16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)					

Instructions For U. S. Postal Service, Form 1583

The Form 1583 is not as menacing as it first appears, just follow the instructions below. USPS requires it from all mail forwarding clients and the post office will not deliver your mail to us unless we have filed this form with them in advance. A notary public must notarize it. See below box 8b for a list of acceptable ID's.

Instructions for Notary Public: please verify the two forms of ID required in boxes 8a & 8b. A description of acceptable ID's are immediately below box 8b. After verification, please affix seal and/or signature in box 15 at lower left corner. Applicant/s sign in box 16 at lower right corner.

Spouses may put both their names on one form but each must provide the two valid forms of ID the USPS requires. Another adult authorized to receive mail at your Personal Mail Box, such as a traveling companion or parent, must submit his/her own Form 1583. It is not necessary for minor children. (a little tip: don't use an expired drivers license). Social security cards, credit cards and birth certificates are not acceptable forms of ID. Please see below box 8b for list of acceptable ID's.

Box 1: Date (upper right corner)

Box 2: YOUR NAME/SPOUSE NAME/OTHER NAME

Box 3A-3D: This is the address where your mail should be sent. Just call us and we will assign a PMB# over the phone, if we have not already done so; or upon receipt of the forms we will advise you of it by phone or email. Enter in these boxes: 401 E. 8th St, Ste 214 Sioux Falls, SD 57103

Box 4A-4E: Your Best Address
401 E. 8th St, Ste 214
Sioux Falls, SD 57103

Box 5: Restricted Delivery is mail sent to you and the sender has requested delivery only to a specific person, or has asked for a signature upon delivery, such as certified, insured, express mail, etc. If you want us to sign for this mail on your behalf, then write your name/s in this box. If you don't want us to do this, write NO and we will not be able to accept this mail for you. If we can't sign for it, it will be returned to sender.

Box 6: YOUR NAME/S

Box 7A-7E: Your current address and phone number. If you are a full-time RV'er and do not have a residence (a house or apt) you may enter a description of your motorhome, fifth wheel, etc. Include all identifying items such as Make, Model, Year, license plate number, state of registration, etc.

Box 8: list the two forms of ID used for each person, i.e., drivers license, passport, military ID, vehicle registration, etc.

Box 9 thru 11: If this Personal Mail Box is for a business, complete these boxes for the business only.

Box 12: If this PMB is for a business, name each person authorized to receive mail. All names listed must have verifiable ID. Enclose copy of two valid ID's with this form for each named person.

Box 13: If a Corporation, give name/addresses of officers.

Box 14: If Corporation is registered; give name of county and state and date of registration.

Box 15: Signature/seal of Notary Public

Box 16: Your signature/s. All persons listed above should sign. If a business, the signature of owner or responsible officer of corporation.

You must enclose a copy with this form of two valid ID's for each person named, (see box 8a-b) except minors. Spouses may use the same Form 1583. If any questions, just call us at 1-800-419-1690, or email us at yba@midconetwork.com. Thank you for taking the time to fill out this needed information.