

APPLICATION FOR MAIL DELIVERY

Checks must be in U.S. funds. Personal checks are welcome.

We also accept the following credit cards: Visa, MasterCard, American Express, and Discover.

Please mail this form to: Destination Mail Services
2434 W. Central Ave
Missoula, MT 59801
1-877-553-3400

Name of applicant:	_____
Person(s) receiving mail:	_____
Forwarding Address:	_____ _____
Emergency phone number:	_____
Mother's maiden name:	_____
	Used for security question
E-mail address:	_____
	Only used for our purposes to notify you of mail

Forward mail: (<i>choose one only</i>)
Weekly <input type="checkbox"/> Twice per month <input type="checkbox"/> Monthly <input type="checkbox"/> only when requested <input type="checkbox"/>
You can change this at any time by calling 1-877-553-3400 or e-mail: mail@destinationfinancial.com

CONTRACT:			
<input type="checkbox"/> 3 Months \$60.00	<input type="checkbox"/> 6 Months \$115.00	<input type="checkbox"/> 1 Year \$175.00	\$ _____
Mandatory Set up Fee			\$ <u>20.00</u>
Postage & Service Deposit			\$ <u>50.00</u>
		Total:	\$ _____
Enclosed: (<i>choose one only</i>)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		
	Number:	_____	
	Expiration date:	_____	
	Name on card:	_____	
	Billing address:	_____	

	Three digit security code on back of card:	_____	

Date to start service: _____

Accept and forward postage paid 1st class mail. Also forward: Magazine/Book
Catalogs
Newspapers
Junk/Bulk Mail

I/We authorize this mail center as my/our agent to receive the following:

Postage due _____
Signature _____ Signature _____

Certified Mail _____
Signature _____ Signature _____

Insured Mail _____
Signature _____ Signature _____

Registered Mail _____
Signature _____ Signature _____

C.O.D. Mail _____
Signature _____ Signature _____

Prior arrangements must be made for each C.O.D. received

DISCLAIMER

I further agree not to hold this mail service liable for any law suit which may result. I hereby release this mail service center from any liability for loss or destruction of mail unless the same was caused by gross negligence of the mail service center, its agents/employees. This mail center shall not be liable for incidental, special or consequential damages. This form and the documents attached is the entire agreement and they supersede any other written or oral agreement. Charges for services rendered by this mail service center shall be due and payable at the selected location. I understand that if my account with this mail service center becomes delinquent, this mail service center will not forward my mail, and may return to the sender as required by the current postal regulations.

Applicant Signature Date DMS Signature Date

Upon completion of this form we will assign a PMB number and return a copy to you.

All applicants and persons requesting forwarding mail must complete USPS form 1583 and provide 2 forms of identification. One must contain a photograph of the addressee(s). Social security cards, credit cards and birth certificates are unacceptable forms of identification. 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 of naturalization; 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 copy of USPS form 1583 will be made available to the USPS.

Information provided will be kept confidential and will not knowingly be disclosed without applicant's prior consent, except for law enforcement purposes, in which case, mail servants will cooperate fully. Law enforcement is further clarified to include all city, state, or federal agencies or their representatives.