

Albany
T [242] 698-SHOP (7476)

F [242] 327-1598
P.O.Box AP- 59205
E albany@postboxesetc.com

Cable Beach Shopping Centre
T [242] 327-POST (7678)
F [242] 327-1598
P.O. Box AP -59223
E cb@postboxesetc.com

Post Boxes Etc. Service Agreement - Albany

Name _____

Company _____

Address _____

Email Address _____

Primary Telephone _____ Secondary Telephone _____

Select one of the annual service options below:

Local Post Box - \$160.00

U.S. Post Box - \$250.00

Accepted Identification for Sign-Up

Driver's License

National Insurance Board Cards

Voter's Card

Permanent Residency Card

Passport

Terms & Conditions

1. This Post Boxes Etc. Service Agreement (“Agreement”) is made and entered into by the customer identified above (“Customer”) for the use of and service related to a mailbox (“Post Box”) at Post Boxes Etc. location identified above under terms set forth herein.

2. Customer agrees that he/she will not use Post Boxes Etc. services for any unlawful, illegitimate, or fraudulent purpose, or for any purpose prohibited by Bahamian or U.S. postal regulations. Customer further agrees that any use of the Post Box shall be in conformity with all applicable Bahamian or U.S. laws. Each individual or entity must complete a separate United States Postal Service Form (“Form 1583”) to be authorized to receive mail or packages at Post Boxes Etc. U.S. address.

3. This Agreement and Form 1583 shall remain confidential, except that this Agreement and Form 1583, may be disclosed upon request of any law enforcement of other government agency, or when legally mandated. Additionally, customer acknowledges that pursuant to postal regulations, the information required to complete Form 1583 may be made available by U.S. Postal Services to the public, if ‘yes’ in block five (5) of Form 1583 is selected. Customer further agrees to sign a revised version of this Agreement and Form 1583 when any required information changes.

4. Possession of the Post Box key shall be considered valid evidence that the possessor is duly authorized to remove any contents from the Post Box. In the event of death or incapacity of Customer, Post Boxes Etc. will require the appropriate documents from the Probate Court, the executor of the estate, the trustee or other similar person of entity before releasing mail or packages to a requesting party.

5. Customer agrees to pay the following fees for each of the services indicated hereunder:

a. Local Post Box annual fee selected above- Post Box Etc. fees are due and payable in advance and Customer agrees that Post Boxes Etc. may withhold mail and packages from Customer pending payment. Customer agrees to pay refundable security deposit of \$10.00. In the event the Post Box Etc. key is changed upon request or fault of Customer, Customer agrees to pay a fee of \$10.00. There will be no proration or refunds for cancellation of any service.

b. U.S. Post Box annual fee amount as selected above- Additional names can be included for an increased fee. Post Box Etc. fees are due and payable in advance and Customer agrees that Post Boxes Etc. may withhold mail and packages from Customer pending payment. There will be no proration or refunds for cancellation of any service.

c. Freight is calculated at a rate of \$1.75 per pound or dimensional pound, whichever is greater. Dimensional weight is calculated by using the formula $(L \times W \times H)$, divided by 166 and multiplied by \$1.75. This fee includes 1 pound of mail once a week.

d. There will be a handling charge of \$35.00 for any shipment not in the name of Customer. Post Boxes Etc. is not liable for any mail and/or packages not shipped in Customer name. Only Customer or persons with written authorization can collect mail or packages.

e. There will be handling charge of \$5.00 for any shipments arriving at Post Box Etc. Ft. Lauderdale location without an invoice. Invoices should be emailed at: invoice@postboxesetc.com.

f. Post Boxes Etc. service fees and other related fees stated herein are subject to change.

6. Customer agrees that upon expiration, cancellation or termination of this Agreement, Post Boxes Etc. will:

-Re- mail (i.e., forward) Customer's mail for three (3) months provided Customer pays the required postage, packaging material, and forwarding fees in advance. Additionally, Customer must pay a monthly storage fee of \$20.00 in advance for the time period that mail is to be forwarded. It is Customer's responsibility to make arrangements with Post Boxes Etc. to identify any mail forwarding needs prior to the expiration, cancellation or termination of this agreement;

-Retain Customer's mail for a period of thirty (30) days from the date of delivery or three (3) months after the expiration, cancellation or termination of this Agreement, whichever comes first. If after three (3) months, Customer does not pay forwarding fees or does not leave forwarding address, any mail or packages may be discarded or destroyed. To pick up any mail or packages during three (3) month period, Customer must pay a monthly storage fee of \$20.00 plus a service fee of \$5.00 each time Customer visits Post Boxes Etc. to collect such items.

-Refuse any packages addressed to Customer delivered by any party other than Bahamian or U.S. Postal Services, such as a commercial courier service.

7. Three (3) months after expiration, cancellation or termination of this Agreement, Post Boxes Etc. may:

- (1) Refuse any mail or packages addressed to customer and delivered to Post Boxes Etc.
- (2) Destroy any of Customer's mail or packages remaining at Post Boxes at such time.

8. Customer must accept all packages upon the request of Post Boxes Etc. Packages not picked up within five (5) business days of notification; these packages will be subject to a storage fee of \$1.00 per day per package. In the event Customer refuses to accept any mail or package, Post Boxes Etc. may return the mail or package to sender and Customer will be responsible for any postage or other fees associated with such return.

9. Customer agrees that Post Boxes Etc. may terminate or cancel this Agreement for good cause at any time provided the customer is given thirty (30) days written notice. Good cause shall include but is not limited to: 1) Customer abandons Post Box; 2) Customer uses the mail box unlawfully, illegitimately, or for fraudulent purposes; 3) Customer fails to pay money owed to Post Boxes Etc. when due; 4) Customer receives an unreasonable volume of mail or packages; 5) Customer engaged in offensive, abusive or disruptive behavior toward other Customers or employees of Post Boxes Etc.; and 6) Customer violates any provision of this Agreement. Customer acknowledges that, for the purpose of determining good cause for termination of this Agreement as provided herein, the actions of any person authorized by Customer to use the Post Box will be attributed to Customer. Any written notice to Customer permitted under this Agreement shall be deemed delivered forty-eight (48) hours after placement of such notice in Customer's Post Box or at the time personally delivered to customer.

10. As Customer's authorized agent for receipt of mail, Post Boxes Etc. will accept all mail, including registered, insured, and certified items. Unless prior arrangements are made, Post Boxes Etc. shall only be obligated to accept mail or packages delivered by commercial courier services which require a signature from Post Boxes Etc. as a condition of delivery.

11. Customer agrees to protect, indemnify, defend, and hold harmless Post Boxes Etc., and their officers, directors, agents, and employees from and against any and all losses, damages, expenses, claims, demands, liabilities, judgments, settlement amounts, cost of possession, from failure of the U.S and Bahamian Postal Service or any commercial courier service to deliver on time or other commercial courier service to deliver on time or otherwise deliver any items (mail, packages, etc.) from damage to or loss of any package or mail, or to the Post Box contents by any cause whatsoever and from violation by Customer of applicable laws.

12. Post Boxes Etc. provides mandatory automatic insurance on goods valued over \$100.00 at a cost of 1.5% of the total value of the invoice. This will ensure full coverage should the merchandise be lost or damaged. T.V. Insurance 5% , whereas all others 1.5 % for shipments over \$100.

13. Post Boxes Brokerage goods valued over \$100.00 : 5% of order \$20.00 maximum + \$10 Customsprocessing fee. Custom processing fee 1% of invoice value - All packages.

14. Customer must use the exact mailing address for Post Box without modifications as set forth in section three (3) of Form 1583. Mail received by customer must bear a delivery address that contains the elements given. The U.S. Postal Service will return mail without a proper address to the sender endorsed "Undeliverable as Addressed."

15. Delivery by commercial courier service must be made to Post Boxes Etc. and not to a P.O.Box.

16. Removal of a Customer's name from the Post Boxes Etc. contract must be in writing by the Customer's name whose name is being removed. All persons on the Agreement are considered equal owners.

17. Upon signing this Agreement, at a Post Boxes Etc. location, Customer will provide two (2) forms of valid identification (i.e. passport, voter's card, or driver's license) and allow Post Boxes Etc. to make a copy of the same. The Agreement may not be amended or modified, except in writing signed by both parties.

Customer Signature

Authorized Signature

Date _____

Date _____

FAQ

What Does My Mailing Address Look Like?

For Local Post Box Customers:

Your mailing address will be the address of the Post Boxes Etc. location, with slot and the pound symbol (#) designating your individual box. Instead of Post Boxes Etc., your name appears first. example:

Your name here

Slot # _____

P.O.Box AP-59223

For U.S. Post Box Customers:

Your mailing address will be the address of our Ft. Lauderdale office with PMB (private mailbox) and the pound symbol (#) designating your individual box. Instead of Post Boxes Etc., your name appears first. example:

Your name here

2801 NW 55th Court

PMB # _____

Building 6W

Ft. Lauderdale, FL 33309

FORM C44

**STANDING AUTHORITY IN RESPECT OF SIGNING
DECLARATION OF VALUE**

BAHAMAS CUSTOMS DEPARTMENT

To The Comptroller of Customs, Nassau

I/We * _____
(name of importer)

of _____
(address of importer)

hereby authorize **Nine to Five Imports #19 Airport Industrial Park**
(name and address of person or company authorized to make the
Declaration of Value)

on my/our * behalf to declare the value and other matters relating to the goods concerned, in respect of all goods imported by me/us * , in accordance with the Customs Management Act and the Tariff Act.

I/We * hereby declare that the signature endorsed below is the specimen of the signature which will be used by the person/company * authorized by me/us *

Specimen of Signature

Signature of the Importer
(Proprietor/Partner-Director/Secretary)

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. <i>(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.)</i>	3a. Address to be Used for Delivery <i>(Include PMB or # sign.)</i> 2801 NW 55th Court Building 6w PMB		
	3b. City	3c. State	3d. ZIP + 4®
4. Applicant authorizes delivery to and in care of: a. Name Post Boxes Etc b. Address <i>(No., street, apt./ste. no.)</i> 2801 NW 55th Court Building 6w c. City Ft Lauderdale	d. State FL	e. ZIP + 4 33309	
6. Name of Applicant	7a. Applicant Home Address <i>(No., street, apt./ste. no)</i>		
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. 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.	7b. City	7c. State	7d. ZIP + 4
	7e. Applicant Telephone Number <i>(Include area code)</i>		
	9. Name of Firm or Corporation		
	10a. Business Address <i>(No., street, apt./ste. no)</i>		
	10b. City	10c. State	10d. ZIP + 4
	10e. Business Telephone Number <i>(Include area code)</i>		
	11. Type of Business		
12. If applicant is a firm, name each member whose mail is to be delivered. <i>(All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)</i>			

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
signedby officer. Show title.)

16. Signature of Applicant *(If firm or corporation, application must be signedby officer.)*

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 our privacy policies, see our privacy link on usps.com®.