

Mail forwarding services can be a critical component of the successful operation of any business. For your convenience we are offering two (2) mail forwarding options. You may select the option that best fits your company's needs.

## Domestic Mail Forwarding

- \$200 per year
- Service includes letter mail only - no packages or express mail (such as UPS®, Federal Express®, etc.)
- Mail forwarded by first class mail at end of each business week
- No bulk mail or magazines will be forwarded

## International Mail Forwarding - (available for most countries\*)

- \$275 per year
- Service includes letter mail only - no packages or express mail
- Mail forwarded to international destination by first class mail at end of each business week
- No bulk mail or magazines will be forwarded

\*International mail forwarding is available in most countries. However, some countries may have restrictions regarding the completion of these forms. Please check your country's governing jurisdictional laws prior to completing this application.

To order our Mail Forwarding Service, please complete the Application for Delivery of Mail Through Agent (U.S. Postal Service Form 1583) which is enclosed. **THIS FORM MUST BE COMPLETED IN DUPLICATE (2), WITH EACH COPY NOTARIZED PRIOR TO BEING SENT BACK TO US.** Please see the enclosed instructions for assistance in completing this form. Because the Postal Service requires that these applications be notarized and have original signatures, we cannot accept faxed signatures.

Upon receipt of your completed applications for the first year of service, we will confirm receipt of your order and provide you with a unique Private Mailbox number (PMB). To receive confirmation of your order be sure to include your fax # or email address. Please note that the PMB must be included on all correspondence that will be sent to us for forwarding. Pieces of mail that do not comply to this Postal Service regulation will be returned to the original sender.

If you have any questions or would like additional information on any of our products or services, please contact our Customer Service Team by telephone at 800-877-4224 (or 302-636-5440 for international) or visit us online at [www.incorporate.com](http://www.incorporate.com). Thank you.

---

## PAYMENT FORM

*incorporate.com reserves the right to change services and prices at any time without notice.*

Please return this form with the 2 copies of the enclosed Application for Delivery of Mail Through Agent (U.S. Postal Service Form 1583).

Name: \_\_\_\_\_

Service Selected: (please select one below)

Domestic

International

Please circle the method of payment: credit cards (Visa, MasterCard, American Express, or Discover), check, money order, or wire transfer (please contact us for bank information).

Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax # and/or email: \_\_\_\_\_

---

incorporate.com  
2801 Centerville Road  
Wilmington, DE 19808  
USA

PHONE  
800.818.6082  
302-636-5440  
FAX  
302-636-5454

WEB SITE  
[www.incorporate.com](http://www.incorporate.com)  
E MAIL  
[info@incorporate.com](mailto:info@incorporate.com)

## MAIL FORWARDING AGREEMENT

This Mail Forwarding Agreement ("Agreement") is made and entered into by the customer identified at the end of this Agreement ("Customer" or "You") and The Company Corporation ("TCC") for the provision of the Service under the terms set forth herein. Pursuant to this Agreement, TCC shall accept receipt of Customers mail, Priority Mail Express, Certified Mail, USPS Tracking, and Signature Confirmation as well as FedEx, UPS and other private courier envelopes (collectively "Mail") to the Delivery Address. TCC shall then forward Customer's Mail to the Customer Address specified in the Registration Form.

**FEE** - Customer agrees to pay the then current service fee for the Service. TCC may increase its service fees for any or no reason once annually upon reasonable notice to Customer.

**REQUIRED DOCUMENTS** - Customer agrees to provide two (2) completed copies of PS Form 1583 and all related information as needed. Customer shall notify TCC and provide two (2) updated copies of PS Form 1583 as required by TCC or if any of Customer's information provided in PS Form 1583 changes.

**MAILING ADDRESS** - Customer must use the EXACT address specified in Section 3 of PS Form 1583. Customer acknowledges that any variation of this address may result in Mail not being forwarded. Customer agrees not to represent that TCC's address is Customer's business address or a location of any of Customer's business activity of any nature.

**WARRANTIES AND REPRESENTATIONS** - Customer warrants that (a) it has and will provide accurate and complete information as requested by TCC in relation to providing the Services, including the Registration Form; (b) the Customer Address provided to TCC is either (i) Customer's home address or (ii) an address where Customer conducts business; and (c) it will not use the Service for any illegal, fraudulent, illegitimate purpose and that all uses of the Service will conform to all applicable United States Postal Regulations as well as all applicable federal, state and local laws and regulations.

**TERMINATION** - At the termination of the Agreement, Customer shall not file a change-of-address order with the Post Office. The Customer further instructs that at the termination of the Agreement TCC shall have no obligation to forward or return to sender any Mail received by TCC. The Customer instructs that any Mail received after the termination of this Agreement shall be destroyed by TCC.

**MANDATORY ARBITRATION** - TCC and Customer agree to arbitrate all disputes and claims arising out of or relating to this Agreement. TCC agrees to pay one-half the filing fee of any arbitration, with the total costs of arbitration to be borne by the parties to the extent of their respective fault or negligence as determined by the arbitrator. Customer agrees that it is waiving its right to a trial by jury. Unless TCC and Customer agree otherwise, all hearings conducted as part of the arbitration shall take place in the city or county of Customer's Address. The arbitrator must give effect to the limitations on TCC's liability as set forth in this Agreement and any other applicable agreement or law. Customer agrees that it MAY BRING CLAIMS AGAINST TCC ONLY IN ITS INDIVIDUAL CAPACITY, AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING. Further, unless both Parties agree, the arbitrator may not consolidate proceedings of more than one person's claims, and may not otherwise preside over any form of a representative or class proceeding.

**INDIRECT DAMAGES** - TCC WILL NOT BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES OF ANY KIND (INCLUDING LOST PROFITS) REGARDLESS OF THE FORM OF ACTION.

**DIRECT DAMAGES** - CUSTOMER AGREES THAT THE TOTAL AMOUNT OF LIABILITY OF CSC FOR ANY AND ALL CLAIMS ARISING OUT OF OR RELATED TO THIS AGREEMENT OR PERFORMANCE HEREUNDER SHALL NOT EXCEED \$250 REGARDLESS OF THE NATURE OF THE CLAIM.

**CUSTOMER INDEMNITY** - Customer shall indemnify, defend and hold harmless TCC and its officers, directors, agents, employees, successors and assigns ( "Indemnified Parties") from and against any and all claims, damages, losses, liabilities, suits, actions, demands, proceedings (whether legal or administrative), judgments, and costs and expenses (including reasonable attorneys' fees and expenses) incurred by any Indemnified Party to the extent arising out of, or directly or indirectly relating to (a) the negligence or willful misconduct of Customer; or (b) Customer's breach of any of its obligations, promises, representations or warranties as set forth in the Agreement.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

## Registration Form for Mail Forwarding Service

Please take a moment to fill out your current Contact and Customer Address.

### **Contact Information:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### **Customer Address:**

**Name:** \_\_\_\_\_

**Add 1:** \_\_\_\_\_

**Add 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

---

### Required Identification

Provide Copies of three (3) forms of identification

- Two (2) forms of ID, at least one (1) with a photo (acceptable forms of ID are listed in the Instructions for the Completion of Form 1583)
- One (1) utility bill or statement from a financial institution with the Customer Address

# Instructions for the Completion of Form 1583

## Application for Delivery of Mail Through Agent

### Please note the following:

- **FORM 1583 MUST BE COMPLETED IN DUPLICATE.** One copy is required for the Postal Service and the other for TCC.
- **Both copies must be NOTARIZED.**
- Please type or print in ink only - do not use pencil.

Block 1: Enter the date that you are completing this form.

Block 2: Enter your name or the name of your business (name for which we will be receiving mail).

Block 3: We have pre-filled this block – this is the address at TCC your mail will be delivered to. We will provide your PMB number once application is received.

Block 4: We have pre-filled this block.

Block 5: This block is not applicable -TCC will NOT accept Restricted Delivery Mail

Block 6: Enter your name as the person completing the application

Block 7: Enter your Home address and Home telephone number

Block 8: Leave blank. Provide us with copies of the ID you are proving for verification and we will fill out Block 8. The following are examples of acceptable identification:

1. Valid driver's license or Non-driver's ID, armed forces, government, and university or recognized Corporate Identification Card.
2. Armed forces, government, university, or recognized corporate identification card
3. Passport or Alien Registration Card or certificate of naturalization,
4. Other credential showing the applicant's signature and a serial number or similar information that is traceable to the bearer, i.e., voter or vehicle registration card, home or vehicle insurance policy.

### **PLEASE NOTE THAT A CREDIT CARD, SOCIALSECURTY CARD, OR BIRTH CERTIFICATE ARE NOTACCEPTABLE FORMS OF IDENTIFICATION**

Block 9: Enter the name of your firm or corporation.

Block 10: Enter your business address and business phone number

### **DO NOT LIST THE TCC ADDRESS OR PHONE NUMBER**

Block 11: Enter a category that describes your type of business (for example Retail, Construction, etc.)

Block 12: Enter the names of all individuals whose mail may be delivered to TCC

Block 13: If applying on behalf of a company, enter the names & addresses of its officers or members.

Block 14: If applying on behalf of a company enter the county and state where registered & date.

Block 15: Signature of the Notary Public.

Block 16: Signature of the applicant named in Block #7.

**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.)		
		3b. City	3c. State	3d. ZIP + 4®
4. Applicant authorizes delivery to and in care of: a. Name  b. Address (No., street, apt./ste. no.)  c. City		d. State	e. ZIP + 4	
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
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.		10e. Business Telephone Number (Include area code)		
		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.)		14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.		
13. If a CORPORATION, Give Names and Addresses of Its Officers		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)		
15. Signature of Agent/Notary Public		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)		

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).

---

**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](https://usps.com)®.

---

**Instructions for the Completion of Form 1583, Application for Delivery of Mail Through Agent  
(October, 2016 Revised Form)**

**Please note the following: THIS FORM MUST BE COMPLETED IN DUPLICATE.**

**Both copies must be NOTARIZED.**

(One copy is for the Postal Service, the other for incorporate.com.)

Please type or print in ink only - **do not use pencil**

Block 1: Enter the date that you are completing this form.

Block 2: Enter your name or the name of your business (name for which incorporate.com will be receiving mail).

Block 3: Enter the address where incorporate.com will be forwarding mail (include the Zip+4)

Block 4: **We have pre-filled this block**

Block 5: **This block is not applicable - incorporate.com will NOT accept Restricted Delivery Mail**

Block 6: Enter your name as the person completing the application

Block 7: Enter your Home address and Home telephone number

Block 8: Must be completed by a notary public, who must enter the numbers or other traceable information of your two valid forms of identification. One item must contain a photograph of the applicant. The following are examples of acceptable identification:

1. Valid driver's license or Non-driver's I.D., armed forces, government, and university or recognized Corporate Identification Card.
2. Armed forces, government, university, or recognized corporate identification card
3. Passport or Alien Registration Card or certificate of naturalization,
4. Other credential showing the applicant's signature and a serial number or similar information that is traceable to

the bearer, i.e., voter or vehicle registration card, home or vehicle insurance policy. (Someone residing in a motor home or on a boat identifies the place of residence by using the make, model, license plate number and state of registration of the motor home or boat.)

**PLEASE NOTE THAT A CREDIT CARD, SOCIAL SECURITY CARD, OR BIRTH CERTIFICATE ARE NOT ACCEPTABLE FORMS OF IDENTIFICATION**

Block 9: Enter the name of your firm or corporation.

Block 10: Enter your business address and business phone number - **PLEASE DO NOT LIST INCORPORATE.COM'S ADDRESS OR PHONE NUMBER**

Block 11: Enter a category that describes your type of business (for example Retail, Construction, etc.)

Block 12: Enter the names of all individuals whose mail may be delivered to incorporate.com

Block 13: If applying on behalf of a company, enter the names & addresses of its officers or members.

Block 14: If applying on behalf of a company, enter the county and state where registered & date.

Block 15: Signature of the Notary Public (Please be sure Block #8 is completed).

Block 16: Signature of the applicant named in Block #7.

**CHECKLIST:**

**IN ORDER TO ENSURE QUICK PROCESSING OF YOUR APPLICATION, PLEASE MAKE SURE THAT YOU HAVE DONE THE FOLLOWING:**

Completed two copies of the Application for Delivery of Mail Through Agent (USPS Form 1583)

Had a notary public enter two forms of identification in Block #8, and sign in Block #15  
Double-checked all information on both copies of form

Completed the payment form on the bottom of the first page indicating what form of payment will be used, including email or fax # for confirmation

Mail both copies of the application, and payment (if not using a credit card), and the payment form

Please Note: **The required address format** for mail to be delivered to you is:

**John A. Smith (or) ABC Company, Inc.**  
**PMB**\_\_\_\_ (will be provided by incorporate.com)  
**2801 Centerville Rd**  
**Wilmington, DE 19808**