

NY Mail-NYC Virtual Office

244 5th Avenue, 2nd Floor New York, NY 10001

**** 212-679-0000

212-591-6000

THANK YOU FOR SELECTING NY MAIL

Your Address will be

244 Fifth Avenue, Suite # _____ (to be assigned)
New York, NY 10001

Mail/Package pickup hours:

Mon-Fri (8:30 am to 6:30 pm) Saturday (10:00 am to 4:00 pm) Instant E-mail notification when you receive UPS / FedEx / DHL packages

SIGN-UP IS SIMPLE

SCROLL DOWN & PRINT THE 5 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 212-591-6000 or email them to service@nymail.com

Any Questions, Please Call us: 212-679-0000

Thank You for your Order.

244 Fifth Avenue, 2nd Floor, New York, NY 10001

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Your Business Name &/or Your Name

244 Fifth Avenue, Suite # _____ (to be assigned) New York, NY 10001

Choose the plan that fits your needs

PLAN DESCRIPTION	Monthly Rate	2 months	Yearly Rate INTRODUCTORY OFFER	
Business Mail 1 Business Name & You Name	\$30.00 + tax	\$60.00 +tax	\$300.00 +tax	
Business Mail Plus up to 5 names-business or individual	\$45.00 + tax	\$90.00 +tax	\$495.00 +tax	
Mail Forwarding (National/ International) Postage Deposit required	\$10.00 + tax	\$20.00 +tax	\$120.00 +tax	
Mail Scanning 50 cents per page scanned	\$20.00 + tax	\$40.00 +tax	\$240.00 +tax	
Voicemail or Fax Service (212) (718) Area Codes Available	\$10.00 + tax	\$20.00 +tax	\$120.00 +tax	
License Posting Fees	Additional \$50.00 per month			

MAIL CHECK

Call our automated system to find out whether you have mail. update our mail checker at 1:00pm, Monday - Friday ONLY.

Monday-Friday: 8:30 am - 6:30 pm We **Saturday:** 10:00 am - 4:00 pm

Select Payment Option

Credit Card PayPal				
Amount to be charged: \$+ NYS Sales tax 8.875%				
Name (as it appears on the card):				
Credit Card Number: Exp. Date:/				
CVV Code: (The CV code is the last 3 digits on the back of the Master Card, Visa and Discover. On American Express cards the CVV code is 4 digits and located on the front right side of the card.)				
Address (billing address of the credit card)				
City: Zip Code				
Country:				
ENROLL FOR AUTO-PAY: I authorize AEROBEEP to charge \$per month automatically. INITIAL				
SIGNATURE: DATE :				

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POSTAL MAIL TERMS & CONDITIONS

We welcome the opportunity to receive postal mail/packages on your behalf. Please read the following details carefully.

• Your address must read exactly as shown below. It is important to use your Suite Number to ensure proper receiving and sorting of your mail.

Your Business Name or Your Name

244 Fifth Avenue, Suite # __ _ _ _ New York, NY 10001

All incoming mail must have the assigned Suite Number for proper delivery of mail.

- Our records are Freely available to federal. State and Local law enforcement. • You must provide us with the following information along with a photo ID. Your Name: Your Business Name: Mail Will be ONLY accepted for the names registered with us. NO EXCEPTIONS. Neither "ATTENTION" nor "care of" (c/o) is allowed. Your E-mail Address: Your Phone Number: Address: Photo-ID (Passport / Driver's License Number): • Package Receiving & Storage charges applies. Please see the accompanying
- document for details.
- Limit of 100/300 pieces of mail per month depending on your plan.
- We reserve the right to decline or discontinue service due to account delinquency or use of your mailbox for fraudulent purposes.

I have Read & Agree to the Terms & Conditions.

Signature:	Date:
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service@nymail.com

MAIL SCANNING

Mail is scanned daily and emailed to you. Receive free online previews of your unopened mail and decide what mail you want us to open and scan, shred, or forward.

\$50.00 deposit required for mail scanning content.

I hereby authorize and expressly xpressly permit the staff and personnel at NYMAIL aerobeep to open the contents of Inited States Postal Service mail addressed to me or the name of my business for the purposes of scanning and emailing the contents of said USPS mail to the email address that I designate. This authorization acts as a waiver of any claims, express or implied, legal or equitable, that I may have against NYMAIL, its staff, personnel, successors, assignees in perpetuity.

Please initial here

MAIL FORWARDING

Domestic Mail Forwarding	International Forwarding		
Postage Funds for Domestic Forwarding \$25.00	Postage Funds for International Forwarding \$35.00		
Forwarding Address			
Address*			
City* State*	Zip Code* Country*		
PLEASE SELECT FREQUENCY			
○ Weekly			
O Bi monthly			
Monthly			

Please Fill-In Where Marked'0'

Application for Delivery of Mail Through Agent See Privacy Act Statement on Reverse

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In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agentagree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ up ternminatination of the ageny 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 mail; (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 From 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The C M R A copy of PS Form PS 1583 must at all time 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 andbregulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until cottective 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.

at the home or business address listed	in boxes	s 7 or 10, and that t	he ide	entification listed in b	ox 8 is valid.		
(2) Name in Which Applicant's Mail Will Be R eceived 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 spose in appropriate box.)		3a. Address to be Used for Delivery (Include PMB or # sign.) 244 5th AVENUE #					
		3b.	City NEW YORK	3c.	State NY	3d. ZIP + 4 10001-7604	
(4) Applicnt authorizes delivery to and in care of:			This authorization is for the undersigned(nclude re	stricted delivery mail	
a. Name							
b. address (No_, street apt/ste.no.)							
c. City	d. State	e. ZIP + 4					
(6) Name of Applicant			7a	. Applicant Home A	ddress (No.,	street, ap	t./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.		7b. City 7c. State 7d. ZIP + 2			7d. ZIP + 4		
mase wite in identifying informations su		vermedelon.	7e. Applicant Telephone Number (Include area code)				
a.		(9) Name of Firm or Corporation					
b.			10	a. Business Address	(No., street a	pt./ste.no)
Accepatable identification includes: valid driver's license or state non-driver's identification card; armed forces, government,		10	b. City	10c. Stat	e 10d .	ZIP + 4	
university, or recognized corporate identification card; passpord, alien regristration 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 me must list the names of minors receiving r	mber wl nail at tl	nose mail is to be de neir delivery address	livere .)	d. (All name listed mus	t have verifial	ole identifi	cation. A guardian
(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 misle (including fines and imprisonment) and/o	eading ir	nformation on this fo anctions (including r	rm or nultip	omission of material i le damages and civil p	information menalties).	ay result i	in criminal sanctions
15. Signature of Agent			16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)				

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PACKAGES RECEIVING & STORAGE FEES

Charges start the day package arrives	First 3 days	After 3 days
FedEx/ UPS Envelope	\$1.00	\$1.00 flat
Drop offs-Private Party or Messenger	\$2.00	\$2.00/day
Packages up to 5 lbs	\$2.00	\$2.00/day
Over 5 lbs & up to 10 lbs	\$3.00	\$3.00/day
Over 10 lbs & up to 20 lbs	\$5.00	\$5.00/day

Large & Heavy Packages charged PER DAY from day 1

Over 20 lbs & up to 30 lbs \$10.00 per day Over 30 lbs & up to 50 lbs \$15.00 per day

We do not accept packages over 50 lbs Note - Packages left over 30 days will be discarded.

PACKAGE FORWARDING

Handling and storage charges apply per day, depending on the size and weight of the package, inclusive of the day the packages arrives.

Pick up ONLY. No forwarding service available.

We accept packages from all delivery services and notify you via email. please read, sign & return so that we can assign you a suit number to get started.

> Suite # ____ Signature ___

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