Mailbox Rental – Complete and Return

Primary Contact Name:_____

Address:_____

City, State, Zip:_____

Home Phone:_____

Mobile Phone:_____

E-mail Address:_____

Spouse or Children (If they would receive mail to the box):_____

Business Name (If Applicable):_____

Address:_____

City, State, Zip:_____

Business Phone:_____

Package Notification Via ☐ E-mail ☐ Phone Call ☐ Text Message
Cell Phone Carrier _____

Box Size ☐ Small ☐ Medium ☐ Large

Rental Term ☐ 3 Months ☐ 6 Months ☐ 1 Year

Mail Forwarding ☐ Yes ☐ No

If yes, forward how often?

Look for a House Account form to follow which will need to be completed for billing purposes.

Would you like to be placed on automatic renewal? ☐ Yes ☐ No

Look for a House Account form to follow which will need to be completed for billing purposes.