

Schedule for forwarding mail, Beginning: _____

Forward to the following address (No address, we will hold)

- _____ **Hold all mail until notified (90 day limit, please)**
- _____ **Weekly**
- _____ **Every other week**
- _____ **Daily**
- _____ **Monthly**

Telephone number, if applicable: () -

If you wish to change address or forwarding schedule, call the toll free number to be provided.

I hereby release this mail center from any liability for loss or destruction of mail unless the same was caused by gross negligence of this mail center, its agents, or employees. This mail center SHALL NOT BE LIABLE FOR INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES. THIS FORM AND THE BROCHURES TO WHICH IT IS ATTACHED IS THE ENTIRE AGREEMENT AND THEY SUPERSEDE ANY OTHER WRITTEN OR ORAL AGREEMENT. Charges for services rendered by this mail center shall be due and payable at the selected location. I understand that if my account with this mail center becomes delinquent, this mail service will not forward my mail, and may return my mail to the sender as required by the current postal regulations.