

Thank You for Selecting NYC VIRTUAL OFFICE

Your Address will be: 244 Fifth Avenue, Suite # (to be assigned)
New York, NY 10001

Mail/Package walk-in 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 2 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 212-726-1001 or email them to service@nymail.com

Any Questions, Please Call us : 212-726-1000

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Thank You for your Order.

To Sign-up: Please walk-in / fax / e-mail the completed forms.
 No Set-up Fee.....No Deposit.....No Long-term Contract

ORDER FORM - Please circle ALL services you are ordering.

Description	Monthly Rate	2 Months (minimum)	Yearly Rate (Discounted)
Business Mail (One Business Name & Your Name)	\$30.00	\$60.00	\$300.00 (Introductory offer)
Business Mail Plus (upto 5 names-business / individual)	\$45.00	\$90.00	\$495.00
Voicemail or Fax to email (212) (718) Area Codes Available	\$ 5.00	\$10.00	\$ 60.00
License Posting Fees	Add \$50.00 per month		

Need Mail Forwarding? Add \$5.00 per month

Mail Forwarding Charges National / International	<p>You can select to have your mail sent every week, every 2 weeks or once a month.</p> <p>We must have 'Funds for Postage' in advance for your mail forwarding.</p> <p>Postage Funds for domestic mail forwarding \$25.00 <input type="checkbox"/></p> <p>Postage Funds for international mail forwarding \$35.00 <input type="checkbox"/></p> <p>Mail sent by USPS Priority Mail Envelope or by First Class Mail.</p> <p>Postage bank will be reduced depending upon your usage.</p>
Package Receiving, Storgae and Forwarding Charges National / International	<p>Handling and storage charges apply per day, depending on the size and weight of the package, inclusive of the day the package arrives. Please see the accompanying documents for details.</p> <p>Pick up ONLY. No forwarding service available.</p> <p>We accept packages from all delivery services and notify you via e-mail.</p>

NOTE : Neither "ATTENTION" nor "care of " (C/O) are allowed.

SELECT PAYMENT OPTION

CREDIT CARD

PAYPAL (service@nymail.com)

CHECK

MONEY ORDER

Amount to be charged : _____ +NYS sales tax (8.875%) Name (as it appears on card) : _____

Phone Number : _____ E-mail : _____

Billing Address of the Credit Card : _____

City : _____ State : _____ Zip : _____

Credit Card # : ____ / ____ / ____ / ____ Exp. Date : ____ / ____ Card Code : ____

Signature : _____ Date : _____

ENROLL FOR AUTO-PAY: I authorize AEROBEEP to charge \$_____per month automatically. **INITIAL** _____

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.)

244 5th AVENUE #

3b. City

NEW YORK

3c. State

NY

3d. ZIP + 4

10001-7604

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

5. This authorization is extended to include restricted delivery mail for the undersigned(s):

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.

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

10e. Business Telephone Number (Include area code)

11. Type of Business

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.

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.)

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 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

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)