

Mailboxes Limited T/As C S B S
Apex House, Thomas Street, Trethomas, Caerphilly, CF83 8DP
TEL: 0845 555 5054

Application for Mailbox Services for a Business.

Date:/...../.....

Company Name:

Business Style		Please tick 1		Registered No.	
Limited	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trading As	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>

Business Address:

Town: **County:**

Country: **Postcode / Zip code:**

Tel: **Fax:** **email:**

Business Owner / Director 1

Title..... First Names..... Surname.....

Address

Town County D/O/B:/...../.....

Country Postcode/Zip code

Home Tel: Occupation:

Mobile: email:

Business Owner / Director 2

Title..... First Names..... Surname.....

Address

Town County D/O/B:/...../.....

Country Postcode/Zip code

Home Tel: Occupation:

Mobile: email:

1 Proof of Identification

1 Company	2 Company
3 Director / Business Owner	4 Director / Business Owner
5 Director / Business Owner	6 Director / Business Owner

2 Mailbox Type

Please select the type of box you require

PREMIUM	<input type="checkbox"/>	STANDARD	<input type="checkbox"/>	KEYED	<input type="checkbox"/>
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3 Mailbox Term

Please select the contract period required

3 Months	<input type="checkbox"/>	6 Months	<input type="checkbox"/>	12 Months	<input type="checkbox"/>
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4 Mail Forwarding

Please confirm if you require mail forwarding, if yes please indicate the frequency required

Yes		No		Deposit £25.00 Paid	
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5 Frequency

Daily		Weekly		Fortnightly		Monthly		On Request	
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6 Authorisation to sign for deliveries

I / We hereby authorise CSBS to accept and sign for delivers where a signature is required

Sign Print Name

Position:

7 Terms & Conditions

Please sign below to confirm that you have read and agree to CSBS Terms & Conditions of Business

Sign Print Name

Position:

Additional Information:

Office Use
 Authorised Declined

Signed Print Name