

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

**Application for Mailbox Services.**

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

1 Your details, please indicate whether the Mailbox is for Personal or Business use

Personal Use	Business Use
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Please enter your details below (Please complete a separate application for each name assigned to your Mailbox).

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

Address .....

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

Country ..... Postcode/Zip code .....

Home Tel: ..... Work Tel: .....

Mobile: ..... email: .....

1 Proof of Identification

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1 Mailbox Type  
Please select the type of box you require

<b>PREMIUM</b>	<b>STANDARD</b>	<b>KEYED</b>
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2 Mailbox Term  
Please select the contract period required

<b>3 Months</b>	<b>6 Months</b>	<b>12 Months</b>
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3 Mail Forwarding  
Please confirm if you require mail forwarding, if yes please indicate the frequency required

<b>Yes</b>	<b>No</b>	<b>Deposit £25.00 Paid</b>
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4 Frequency

<b>Daily</b>	<b>Weekly</b>	<b>Fortnightly</b>	<b>Monthly</b>	<b>On Request</b>
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5 Authorisation to sign for deliveries

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

**Sign** ..... **Print Name** .....

6 Terms & Conditions

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

Sign ..... Print Name .....

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**Office Use**  
**Authorised** ..... **Declined** .....

**Signed** ..... **Print Name** .....