



**MCS Mailbox Agreement**

(We MUST receive banking information on initial agreement date for taking recurrent payments.)  
Copy of government-issued ID and proof of home address is required.

**Box Applicant Name:** \_\_\_\_\_

**Box Applicant Address:** \_\_\_\_\_

**Forwarding Address for unretrieved mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Structure (select one):** Sole Proprietor: \_\_\_\_\_ INC: \_\_\_\_\_ LLC: \_\_\_\_\_ Non-Profit: \_\_\_\_\_

**Tax ID/ EIN #:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**RECURRING PAYMENT INFORMATION**

**Account Type (circle one):**                      **Checking**                      **Savings**                      **Credit Card**

**Account Number:** \_\_\_\_\_ **Routing Number:** \_\_\_\_\_

**Card #:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **Sec Code:** \_\_\_\_\_

**GUIDELINES**

1. Keys may **not** be given to a non-user OR copied without prior written authorization of management.
2. Commercial Usage only. Boxes may not be used for residential or personal mail purposes.
3. Please check your mailbox at least once monthly and pick up packages within 10 days. Mailboxes that overflow will require that mail be forwarded to the address above at the Box Applicant's expense using payment on record.
4. There is a **\$75/fee** for a replacement key or for unreturned keys, billable to the payment method(s) on record.
5. MCS Executive Center does not accept responsibility for the loss, damage or theft of any belongings on premises. MCS will store all packages unable to fit inside your mailbox in a secured location.
6. Applicant agrees to make automatic payment of quarterly box fees and use of any provided payment information, including the above, to cover incidental charges for quarterly fees, key replacements, unreturned key charges and mail forwarding expenses.

**Please use the following Mailing Address for Box Services:**  
175 Carnegie Place, Suite 105, Box # \_\_\_\_\_, Fayetteville, GA 30214  
or 175 Carnegie Place, Suite 105 - \_\_\_\_\_, Fayetteville, GA 30214

**Signature of Applicant**

**Date**

**Signature of Agent**

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