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BUSINESS MAIL FORWARDING APPLICATION

Legal Name of Business:	
DBA:	
Mailing Address:	
City:	State/Prov:
Zip/Postal Code:	Country:
Phone:	Cell Phone:
Email:	
Website URL:	
Contact Person :	Telephone:
Product/Service Sold:Click or tap here to enter text.	
Service(s) Required: Warehousing Mail Forwarding Pick & Pack Order Fulfillment Small Package Pickup Small Package Forwarding Cross Docking Freight Forwarding Incorporation Services E-Commerce Tech Assistance Amazon.com Services VT-QC Cross-Border Maple Product Fulfillment ADDRESS TO WHICH MAIL IS TO BE FORWARDED	
Name:	MAIL IS TO BE FORWARDED
Address:	
City:	Telephone:
State/Prov:	Zip/Postal Code:
Date Service to Start:	
FORWARDING SERVICE PREFERENCE	
Once per WEEK via US Mail: □	Once per DAY via Courier: \Box
Twice per WEEK via US Mail: 🗆	Once per WEEK via Courier:
Once per MONTH via US Mail: 🗆	Twice per WEEK via Courier:
	Once per MONTH via Courier:
	Dute.

Signature of Authorized Signer (ESignature entered here represents legal signature)