



FOR OFFICIAL USE ONLY
Type of Account: PERSONAL or BUSINESS
SUITE NO. _____
RATE _____
START DATE _____
END DATE _____

Pony Express Mail Services

2375 E. Tropicana Ave. Suite 8 Las Vegas, NV 89119

Ph# 702.739.8877 Fax: 702.739.7225

Email: ponyexpresslasvagas@gmail.com

PLEASE PRINT

Applicant Name

Type of ID and number

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Applicant Address (Street, City, State, Zip Code)

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Applicant Phone Number

Applicant Email

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**List All Persons Under the Age of 18 years
entitled to receive mail at this address below**

Mail to be Forwarded to/ Authorized person(s) to pick up mail

Name of Firm or Business

Type of Business

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Business Address (Street, City, State, Zip Code)

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Business Phone Number

Business Email

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***Please initial best method of contact in case of emergency or urgent matter:**

_____ Call to personal phone number

_____ Personal Email

_____ Call to business phone number

_____ Business Email