



www.DakotaPost.net

Email: office@dakotapost.net

MAIL FORWARDING AGREEMENT

Name(s): _____

Phone: _____ Email: _____

Emergency Contact & Phone: _____

<p>Please mark each line with (Y)Yes or (N)No:</p> <p><input type="checkbox"/> Authorize DakotaPost to sign for Certified mail</p> <p><input type="checkbox"/> Authorize DakotaPost to open and repack mail in the interest of saving postage costs</p> <p><input type="checkbox"/> Accept and forward magazines</p> <p><input type="checkbox"/> Accept and forward catalogues</p> <p><i>Note: We do not forward Presort Standard (junk mail). We will forward Presort Standard First Class mail.</i></p>	<p>I hereby release DakotaPost from any liability for loss or destruction of mail. DakotaPost shall not be liable for incidental, special, or consequential damages. I understand that if my account becomes past due by 30 days, DakotaPost may discontinue my service.</p> <p><input checked="" type="checkbox"/> _____ Date _____</p> <p>Signature Date</p>
<p><i>The pricing noted below is exclusively for FMCA mail subscribers</i></p> <p><input type="checkbox"/> 1x/Month - \$168 (\$14/mo)</p> <p><input type="checkbox"/> 2x/Month - \$192 (\$16/mo)</p> <p><input type="checkbox"/> 1x/Week - \$216 (\$18/mo)</p> <p><input type="checkbox"/> 1x/Day - \$240 (\$20/mo)</p> <p>Additional Service</p> <p><input type="checkbox"/> Gold Plan - \$84 (\$7/mo) <i>Receive email notifications of mail received into your box.</i></p> <p>Setup Fee = \$20 Postage Deposit = \$100</p> <p>*Client to keep current credit/debit card on file, which will be charged when participant's account falls below \$15, to bring the deposit account back up to \$100.</p> <p>Delivery Confirmation</p> <p>Priority mail can be sent with Delivery Confirmation, an email with a tracking number. A fee of \$0.50 will be added to your postage for this service, check here <input type="checkbox"/> to opt out.</p> <p>Other Fee(s)</p> <p>~\$2.50 - Scan request (up to 5 pages), .50/page thereafter</p> <p>~\$5 - Extra Mailing requests (over & above mail plan)</p> <p>~\$1 - Package Receiving</p> <p>~\$5 - Handling charge on packages sent through any next day air, 1-day, or international.</p> <p><i>*We shred sensitive mail free of charge.</i></p>	<p>Start Date: _____</p> <p>Contract Amount \$ _____</p> <p>Setup fee \$ _____</p> <p>6.00% Sales Tax \$ _____</p> <p>Subtotal = \$ _____</p> <p>Postage Deposit \$ _____</p> <p>Total Due = \$ _____</p> <p>Payment made by: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx <input type="checkbox"/></p> <p>_____</p> <p>Account Number Exp. Date</p> <p><input checked="" type="checkbox"/> _____ Date _____</p> <p><i>*Card owner acknowledges and gives permission to DakotaPost to charge this card today and in the future to replenish client's deposit account and/or renew mailing contract.</i></p> <p>How did you hear about us?</p> <p>_____</p>

Please note that once you sign-up, you will receive a 'welcome email' that will give you access and login instructions to our Client Portal. You can use the portal to Request Your Mail and update your information...or feel free to call or email.

DAKOTAPOST MAIL FORWARDING TERMS AND CONDITIONS

The undersigned has submitted a Mail Forwarding Agreement form to Alternative Resources, LLC, d/b/a DakotaPost (“DakotaPost”), whereby the undersigned requests from DakotaPost those services chosen by the undersigned on the Mail Forwarding Agreement form, and whereby DakotaPost will agree to provide such services to the undersigned, subject to these Terms and Conditions (together with the Mail Forwarding Agreement, herein sometimes collectively referred to as “Agreement”). Accordingly, the undersigned hereby agrees:

1. Payment and Deposit Account. The undersigned acknowledges and agrees that all payments to DakotaPost must be made in a timely manner. The undersigned agrees to maintain with DakotaPost a deposit account which DakotaPost may use to pay for postage expenses, scanning fees, contract renewal fees and other fees associated with this Agreement. The undersigned agrees to provide to DakotaPost current debit/credit card information which may be used by DakotaPost to renew the term of the undersigned’s contract, to replenish the undersigned’s deposit account, and for charges authorized by the undersigned in connection with this Agreement. The undersigned acknowledges and agrees it is the undersigned’s obligation to update DakotaPost with any changes to the undersigned’s debit/credit card information. If the undersigned fails to pay any past due amount owed to DakotaPost for a period exceeding thirty (30) days, DakotaPost may discontinue service and direct any of the undersigned’s mail to be immediately returned to the sending party.

2. Amendment/Termination. The undersigned agrees DakotaPost expressly reserves the right to amend or terminate the Mail Forwarding Agreement and these Terms and Conditions upon thirty (30) days’ prior written notice.

3. USPS Regulatory Compliance. By entering into this Agreement and providing to DakotaPost a completed Form 1583, the undersigned acknowledges that DakotaPost will act as a Commercial Mail Receiving Agent (CMRA) which requires compliance with federal postal regulations applicable to the operation of a CMRA. The undersigned acknowledges and agrees that USPS regulations will prevent the undersigned from submitting with the USPS a “Change of Address” from Personal Mail Box addresses. During the term of the Agreement and following termination, DakotaPost assumes no obligation to inform any sender of the undersigned’s mailing address. Additionally, the undersigned acknowledges that USPS regulations require DakotaPost to continue to accept and re-send the undersigned’s mail for a period of six (6) months following the termination of this Agreement, and the undersigned agrees that such continuation of services will be at the sole cost and expense of the undersigned. On or before the termination date of this Agreement, the undersigned agrees to provide a forwarding address to DakotaPost, and the undersigned agrees to continue to make payments to cover the expense of such continued service for the duration of the required continuation period. **THE UNDERSIGNED AGREES THAT IF NO PAYMENT IS PROVIDED DURING THE SIX (6) MONTH CONTINUATION OF SERVICES, NO MAIL RECEIVED BY DAKOTAPOST WILL BE FORWARDED.** If the undersigned makes payment to DakotaPost which exceeds the costs of continuing to provide mail forwarding, such amounts will be refunded to the undersigned.

4. Early Cancellation. If, for any reason, the undersigned terminates this Agreement with DakotaPost prior to the natural termination of the Agreement, the undersigned agrees that DakotaPost will not be liable to refund any amount for unused services, and the undersigned hereby waives any right or claim to any amounts paid to DakotaPost.

5. Illegal Activities. The undersigned agrees it will not use any service provided by DakotaPost in any manner that violates any law, regulation ordinance, or any decree of a governmental authority, or for any otherwise unlawful or fraudulent purposes.

6. Confidentiality of Personal Information. DakotaPost agrees the undersigned's personal information, as defined hereunder, may be used by DakotaPost, only in connection with the services designated by the undersigned on the Mail Forwarding Agreement. DakotaPost will use commercially reasonable, best efforts to prevent any disclosure of the undersigned's personal information to unaffiliated third-parties. The undersigned acknowledges and agrees that in the event DakotaPost is legally required to provide personal information to a third-party, DakotaPost may provide such information as required by law. The undersigned acknowledges and agrees that if the undersigned engages in Illegal Activities, DakotaPost may provide personal information to law enforcement authorities. For purposes of the Agreement, personal information means any information provided by the undersigned to DakotaPost for the purposes of obtaining mail forwarding or other services from DakotaPost, and if the undersigned subscribes to Virtual Mailbox, Gold Plan or Scanning services requiring the scanning of mail, any information contained in scanned pieces of mail.

7. Entire Agreement. The Mail Forwarding Agreement and these Terms and Conditions together constitute an entire agreement of the parties, and may only be amended or superseded by a writing signed by the parties hereto or otherwise in accordance with these Terms and Conditions.

8. Release. The undersigned releases DakotaPost, its affiliates, agents, employees, successors and assigns from any liability for loss or destruction of mail to the fullest extent allowable by law, unless such loss was caused by the gross negligence of DakotaPost's employees or agents.

9. Virtual Mailbox and/or Gold Plan and/or Scanning Requests. If the undersigned requests the Virtual Mailbox, or Gold Plan, or Scanning services on the Mail Forwarding Agreement form, the undersigned acknowledges DakotaPost will create a digital image of the exterior of the undersigned's mail. These images will be sent via electronic mail to the undersigned, and if directed by the undersigned, DakotaPost will open designated items of mail, create scanned images of the mail's contents, and provide these scanned images to the undersigned. The undersigned acknowledges the contents of the mail scanned by DakotaPost may contain sensitive information, and further, the undersigned expressly consents to the disclosure of sensitive information to DakotaPost. The undersigned agrees to hold harmless and release DakotaPost from any and all damages or liability that may result from providing the services described herein, except where such damages are the result of the gross negligence of DakotaPost's employees or agents. For purposes of this Section, sensitive information means the contents of mail, which may include, but is not limited to medical records, financial information, confidential commercial information, social security numbers, dates of birth, information that may otherwise be protected by legal privilege, and any information of the character that may give rise to a reasonable expectation of privacy or confidentiality.

I, the undersigned, by submitting the Mail Forwarding Agreement and executing Terms and Conditions hereby declare that I have read, understand and agree to all of the above terms and conditions.

Signature(s): _____

Date: _____

Print Name(s): _____

UNITED STATES POSTAL SERVICE FORM 1583 - INSTRUCTIONS

- BOX #1** Date
- BOX #2** Your full name(s), that this mailbox will be receiving for.
- BOX #3a-d** This will be your new mail box address. We will assign you a PMB (Box) number.
- BOX #4a-e** This is our (DakotaPost's) address.
- BOX #5** N/A
- BOX #6** Print the full legal name of who is applying for this mailbox, and who will be signing for the mailbox (the names and signatures in Box #6 and Box #16 must match).
- BOX #7a-e** Applicant's home address **MUST BE A PHYSICAL ADDRESS. NO PO BOX ADDRESSES.** This address must match the address on one of the ID's used for Box #8 a or b. If you are a full-time RVer, simply state that you live in your RV, the state it is registered in, license #, and attach a copy of your RV insurance and registration.
- BOX #8a-b** **Include two types of IDs used to prove your identity.** One form of ID **MUST** contain a photograph. List the type of ID used for each form of identification. The address on one form of ID **MUST** match the address in Box #7. Acceptable forms of ID are listed in the section below Box 8b. Copies of the IDs are required to be sent with this completed form.
- BOX #15** Notary signature and notary seal/stamp. Notary seal must be original, not photocopied.
- BOX #16** Signature of applicant (**MUST** be witnessed by notary/authorized agent).

***Please return the ORIGINAL completed and notarized POSTAL FORM 1583 and 2 copies of identification for each person on the account to DAKOTAPOST.**

****We need this form BEFORE we can accept mail for you. If we receive mail before we receive this form, we will have to RETURN MAIL TO SENDER.**

If anything on this form changes, you need to file a revised form.

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)		3a. Address to be Used for Delivery (Include PMB or # sign.) 3916 North Potsdam Ave # _____		
4. Applicant authorizes delivery to and in care of: a. Name Alternative Resources dba DakotaPost		3b. City Sioux Falls	3c. State SD	3d. ZIP + 4® 57104-7048
b. Address (No., street, apt./ste. no.) 3916 North Potsdam Ave		5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
c. City Sioux Falls	d. State SD	e. ZIP + 4 57104-7048		
6. Name of Applicant		7a. Applicant Home Address (No., street, apt./ste. no)		
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification. a. b.		7b. City	7c. State	7d. ZIP + 4
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		7e. Applicant Telephone Number (Include area code)		
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)		9. Name of Firm or Corporation		
13. If a CORPORATION, Give Names and Addresses of Its Officers		10a. Business Address (No., street, apt./ste. no)		
14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.		10b. City	10c. State	10d. ZIP + 4
15. Signature of Agent/Notary Public		10e. Business Telephone Number (Include area code)		
16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)		11. Type of Business		
Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).				

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.
