

<b>Application for Services</b>	<p style="text-align: right;">The Office Quarters at Hamilton West          6081 Hamilton Blvd. Suite 600, Allentown, PA 18106-9801          Tel: 484-224-3000 Fax: 484-224-2999 Toll Free: 888-693-8065          Layton M. Dodson, President Email: <a href="mailto:layton@theofficequarters.com">layton@theofficequarters.com</a>          Brenda S. Sheaffer, Business Manager Email: <a href="mailto:brenda@theofficequarters.com">brenda@theofficequarters.com</a></p>
<b>Client Details</b>	
Company Name	
ADDR1	
ADDR2	
City	
State	
Zip	
Country	
Website	
Business Published Telephone	
Business Published Fax	
Federal Taxpayer ID Number	
Type of Business	
Number of Years in Business	
Date of Incorporation	
<b>Accounts Payable Details:</b>	
Name	
Title	
ADDR1	
ADDR2	
City	
State	
Zip	
Country	
Telephone	
Email	
<b>People Details</b>	
Name	
Title	
Telephone	
Email	
Name	
Title	
Telephone	
Email	
<b>For additional 'People Details', send an email listing Name, Title and Email.</b>	
I attest the foregoing information is complete and correct.	
I understand that my misrepresentation by me on this application will be sufficient cause for cancellation of this application.	
<b>Signature of Authorized Company Representative</b>	
Print Name	
Title	
Telephone	
Email	



# Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

<b>1. Private Mailbox (PMB) Information</b>				<b>8. Photo ID Information for Applicant<sup>9</sup></b>			
1a. Date PMB Opened		1b. Date PMB Closed		8a. Applicant's Name		8b. Applicant's ID Number	
<b>2. Commercial Mail Receiving Agency (CMRA) Place of Business Information</b>				<b>9. Address ID Information for Applicant<sup>11</sup></b>			
2a. Street Address to be Used for Delivery <sup>1</sup>			2b. PMB #	8c. Issuing Entity		8d. Expiration Date on the ID	
2c. City		2d. State	2e. ZIP + 4 <sup>®</sup>	8e. Photo ID type (check one)			
3. Type of Service Requested				<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card <sup>10</sup> <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Business/Organization Use <sup>2</sup> <input type="checkbox"/> Residential/Personal Use <sup>3</sup> <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card			
<b>4. Name of Applicant</b>				<b>9a. Applicant's Name</b>			
4a. Last Name	4b. First Name		4c. Middle Initial	9b. Applicant's Street Home Address <sup>1</sup>			
4d. Telephone Number (include area code)		4e. Email Address		9c. City			
4f. Applicant's Street Home Address <sup>1,4</sup>				9d. State	9e. ZIP + 4	9f. Country	
4g. City	4h. State	4i. ZIP + 4	4j. Country	9g. Address ID type (check one) — Must Contain the Address in 9b–9f			
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," you must attach a copy of the court order.				<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card <sup>10</sup> <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card			
<b>5. Authorized Individual<sup>6</sup></b>				<b>10. Photo ID Information for Authorized Individual (if applicable)<sup>9</sup></b>			
5a. Last Name	5b. First Name		5c. Middle Initial	10a. Authorized Individual's Name		10b. Authorized Individual's ID Number	
5d. Telephone Number (include area code)		5e. Email Address		10c. Issuing Entity		10d. Expiration Date on the ID	
5f. Authorized Individual's Street Home Address <sup>1,6</sup>				10e. Photo ID type (check one)			
5g. City	5h. State	5i. ZIP + 4	5j. Country	<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card <sup>12</sup> <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card			
<b>6. If Transferring PMB Mail to Another Address<sup>7</sup>...</b>				<b>11. Address ID Information for Authorized Individual (if applicable)<sup>11</sup></b>			
6a. Street Address Mail Is Transferred To <sup>1</sup>				11a. Authorized Individual's Name			
6b. City	6c. State	6d. ZIP + 4	6e. Country	11b. Authorized Individual's Street Home Address <sup>1</sup>			
6f. Telephone Number (include area code)		6g. Email Address		11c. City	11d. State	11e. ZIP + 4	11f. Country
<b>7. Business/Organization Information</b>				11g. Address ID type (check one) — Must Contain the Address in 11b–11f			
7a. Name of Business/Organization			7b. Type of Business	<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card <sup>12</sup> <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card			
7c. Business Street Address <sup>1</sup>				<b>12. Exceptions for Additional Recipients of Mail<sup>13</sup></b>			
7d. City	7e. State	7f. ZIP + 4	7g. Country	<b>13a. Signature of Applicant<sup>14</sup></b>			<b>13b. Date</b>
7h. Telephone Number (include area code)		7i. Place of Registration <sup>8</sup>		<b>14a. Signature of Witness<sup>15</sup></b>			<b>14b. Date</b>

**Instructions and Footnotes**

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for <i>both</i> the Applicant's photo ID <i>and</i> address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for <i>both</i> the Authorized Individual's photo ID <i>and</i> address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title:  I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The witness can be the agent, an authorized employee, or a Notary Public.

**Definitions:**

*Agent:* The Commercial Mail Receiving Agency (CMRA).

*Authorized employee:* An employee of the CMRA who is authorized to act on the CMRA's behalf.

*Authorized individual:* A person who is authorized to pick up mail for the PMB holder.

**Agreement:** In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant 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 applicant 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) 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 applicant must file an updated application with the agent.

**NOTE:** The applicant must execute this form in the presence of the agent, his or her authorized employee, or a notary public. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant 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 items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

**Privacy Act Statement:** Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

<p><b>Witness my signature and official seal.</b> Notary Public in and for the STATE OF _____,</p> <p>COUNTY OF _____. On this _____ day of _____, 20____,</p> <p>the applicant, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this application, appeared before me, and did personally sign the application.</p> <p>Signature of Notary Public _____ My commission expires: _____,</p> <p>_____, 20_____</p>	<p>Official Seal:</p>
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## BUSINESS SERVICES PROPOSAL

6081 Hamilton Blvd Suite 600, Allentown, PA 18106-9801  
 Email: [brenda@theofficequarters.com](mailto:brenda@theofficequarters.com) Tel: 484-224-3000

### MAIL \$95.00/month

Mail collection  
 Private, locked mail box  
 5-digit access code to be assigned to enable 24/7/365  
 USPS mail pick-up

Package collection: Amazon, FedEx, UPS  
 Held for your pick-up  
 during business hours Monday-Friday 8:30am-5pm

Company name listed on digital lobby directory

Access to Shared Workspaces:  
 Desks along with Private Offices and Meeting Spaces  
 during business hours Monday-Friday 8:30am-5pm

### Terms:

Monthly charges based on a month-to-month Agreement with 30-day Advance Notice to End services.

**NOTE: all services end on the last day of the month in which they would otherwise end**

Charges apply as follows:

Desks \$25.00/day (not subject to hourly booking )

Private Office \$14.00/hr,  
 The Forge Meeting Room \$35.00/hr,  
 The Wood Conference Room \$35.00/hr,  
 The Founders Board Room \$50.00/hr

**NOTE: Minimum one hour reservation required for Private Offices and Meeting Spaces, thereafter, 15-minute increments may be added to your reservation. Reservations based on availability.**

**24-hour advance notice to cancel is required to avoid any cancellation penalties which applies to Desk, Private Office and all Meeting Space bookings.**

**Total Amount Due at Signing \$145.00**

\$95.00 initial month's (30 days) charges  
 \$50.00 security retainer (one-time, refundable charge)

### Additional Business Services available:

USPS Email Notification	\$2.25 per email notification
USPS Mail Forwarding frequency options weekly, 15 <sup>th</sup> & end of month, end of month	\$5.00 per forward plus cost of postage
Local Phone Number includes Voicemail (Voicemail to Email) with Off-Site Forwarding to a local number Off-Site Forwarding to a LD number	\$39.00 per month (NOTE: non-refundable, one-time charge \$69.00 phone programming.) \$15.00 per month per line
Auto Attendant Forwarding/Extension Local Number Forwarding/Extension Domestic LD Number	\$10.00 per month \$10.00 per month per line \$15.00 per month per line (NOTE: non-refundable, one-time set-up charge varies based on # of line(s) required.)
Business Equipment Room/Mailroom SCAN, FAX services COPY/PRINT services	No charge B/W copy/print \$0.08 (8 1/2"x11" size) ea., Color copy/print \$0.29 (8 1/2"x11" size) ea.

Prepared by: Brenda S. Sheaffer, Business Manager on behalf of The Office Quarters at Hamilton West

A) The Office Quarters (“The OQ”) is a service operated by Layton M. Dodson, Inc. that entitles the Client to use the address of “The OQ” as specified in this Service Agreement as his/her business address subject to exception in certain locations and not as his/her registered office address, USPS mail will be handled according to instructions specified by the Client . The Client will be responsible for all resulting forwarding and administrative charges. This Service Agreement only applies to those persons named on the front sheet and “The OQ” is not under any obligation to provide the service to any other person and is not responsible for any USPS mail received for any others. Access to “The OQ” is available during normal hours of operation unless otherwise arranged. Additional fees apply.

B) Your Service Agreement lasts for the period stated in it. All periods run to the last day of the month in which they would otherwise expire. The fees on any renewal will be the market price notified by us. Your Service Agreement will renew under the same Terms of Business. Either “The OQ” or Client can terminate this Service Agreement at the end date stated in it, or at the end of any extension or renewal period, by giving written notice to the other. Notices to terminate the Service Agreement must be in writing and delivered to an authorized representative of the other party concerned or sent by certified mail to the Center or Client address as appropriate.

Upon termination of the Service Agreement for whatever reason, it is the Client’s responsibility to notify all parties of the change of address. Otherwise, USPS mail sent to “The OQ” will be stamped "RETURN TO SENDER ACCOUNT CLOSED".

C) We will increase your current standard service fee on each and any annual anniversary of the start date of your agreement by 6% or the CPI, whichever is greater, or such other broadly equivalent index which we substitute, over the previous year. Annual Indexation does not apply to service renewals.

D) All fees and charges are payable in the currency nominated by the Center.

E) The set-up fee is a one-time, non-recurring charge paid upon registration and is non-refundable. All fees and charges are payable by the first of the preceding month. Service charges will be raised at the end of each month according to the work undertaken during that month. The Security Deposit is payable before the start date and returned upon termination of your Service Agreement as soon as you have settled your account with us. Furthermore “The OQ” may demand at any time a Security Deposit equal in value to the greater of either two (2) months “The OQ” Address Package fees or the sum of all outstanding fees and charges owed by the Client irrespective of whether payment is due. “The OQ” reserves the right at any time to withhold any services provided under this Service Agreement (with or without notice) or to terminate the Service Agreement if fees are not paid by the end of the day they are due or the funds due from any retainers have not been cleared. If Client does not pay fees when due, “The OQ” retains the right to charge a 10% late payment fee and interest at the rate of 2% per month on the amounts outstanding but in no event greater than the rate permitted by law.

F) “The OQ” will not accept any items exceeding 4.5 kg (10 lbs.) in weight, 46 cm (18”) in any dimensions, 0.03 cubic meters (1 cubic foot) in volume or if it contains any dangerous, live or perishable goods and shall be entitled in its absolute discretion to returned uncollected items or refuse to accept any quantity of items it considers unreasonable or unlawful. “The OQ” does not guarantee or assume responsibility for any of the services hereunder.

G) The Client warrants that it will not use any of the rights granted in this Service Agreement for any obscene, illegal, immoral or defamatory purposes and will not in any way bring "The OQ" into disrepute. The Client will not in any way whatsoever use or combine "The OQ" name, in whole or in part, for the purpose of trading activities.  
"The OQ" reserves the right to cooperate with any official investigating authority if required in relation to any allegations of improperly against a Client.

H) We may put an end to your Service Agreement immediately by giving you notice if:

- you become insolvent, go into liquidation or become unable to pay your debts as they fall due.
- you are in breach of one of your obligations which cannot be put right or which we have given you notice to put you right and which you have failed to put right within seven days of that notice, or
- your conduct, or that of someone at the business center with your permission or at your invitation, is illegal, fraudulent, defamatory, or incompatible with ordinary office use

I) If we put an end to the Service Agreement for any of these reasons it does not put an end to any then outstanding obligations you may have and you must:

- pay for additional services you have used, and
- pay the standard fee for the remainder of the period for which your agreement would have lasted had we not ended it, or (if longer) for a further period of three months, and indemnify us against all costs and losses we incur as a result of the termination.

J) "The OQ" will not be liable for any loss sustained as a result of any mechanical breakdown, strike, delay or failure of any staff, manager or caretaker to perform their duties.

K) Pay per Use basis Meeting Space/ Private Day Office use: minimum 1-hour increment, thereafter 15-minute increments; during business hours Monday–Friday 8:30am–5:00pm excludes holidays. 24-hour advance cancellation notice applies to all Meeting Space/Private Day Office reservations.

Monthly Allowance Meeting Space/ Private Day Office use: minimum 1-hour increment, thereafter 15-minute increments; during business hours Monday–Friday 8:30am– 5:00pm excludes holidays; must be used by the last working day in the calendar month; cannot be carried over to another month. 24-hour advance cancellation notice applies to all Meeting Space/Private Day Office reservations.

This Service Agreement is interpreted and enforced in accordance with the laws of the state and country in which the center is registered.

Signature of Authorized Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_