



Part 1 of 2



APPLICATION FORM

Primary Account Holder

Account # **AXA**

Title : _____
First Name : _____
Surname : _____
Date of Birth : _____
Nationality : _____
Company Name : _____

Physical address : _____
P. O. Box number : _____
Email address : _____
Social Media Handle : (Facebook) _____ (Instagram) _____
Tel#: (Home) _____ (Work) _____ (Mobile) _____

Secondary User

Title : _____
First Name : _____
Surname : _____
Date of Birth : _____
Nationality : _____
Company Name : _____

Physical address : _____
P. O. Box number : _____
Email address : _____
Social Media Handle : (Facebook) _____ (Instagram) _____
Tel#: (Home) _____ (Work) _____ (Mobile) _____



Insurance

Accept

Decline

Shipping address:

AXA _____

4411 NW 74TH AVENUE

MIAMI

FLORIDA, 33195

USA

Please [click](#) here to read the eZone service agreement terms and conditions

Acknowledgement

By ticking the box /signing below the customer acknowledges having read all the terms and conditions and agrees to abide by these operational regulations and is in full agreement to their enforcement for the efficient processing of their Home Shopping packages.

I agree

Applicant's signature: _____

Date _____ 20____.

AUTHORISED PERSON (If applicable)

Person authorized to collect packages on behalf of primary account holder and or secondary user.

Name of authorized person: _____

Kindly indicate where you learnt of our eZone (air freight) service

- | | | |
|---|---|--|
| <input type="radio"/> Radio advertisement | <input type="radio"/> Newspaper advertisement | <input type="radio"/> Flyers/posters |
| <input type="radio"/> Facebook | <input type="radio"/> Instagram | <input type="radio"/> Government of Anguilla website |
| <input type="radio"/> Email | <input type="radio"/> Friend | <input type="radio"/> Promotional event |
| <input type="radio"/> Family member | <input type="radio"/> Postal employee | <input type="radio"/> Other (state) _____ |

United States Postal Service®

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.) 4411 n.w. 74th Avenue		
	3b. City Miami	3c. State FL	3d. ZIP + 4® 33166

4. Applicant authorizes delivery to and in care of:	5. This authorization is extended to include restricted delivery mail for the undersigned(s):	
a. Name Ezone L.L.C - Getezone.com		
b. Address (No., street, apt./ste. no.) 4411 n.w. 74th Avenue		
c. City Miami		
	d. State FL	e. ZIP + 4 33166

6. Name of Applicant	7a. Applicant Home Address (No., street, apt./ste. no.)
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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.	7b. City The Valley	7c. State AXA	7d. ZIP + 4 AI-2640
	7e. Applicant Telephone Number (Include area code) 1(264)		
	9. Name of Firm or Corporation		
	10a. Business Address (No., street, apt./ste. no.)		
	10b. City		
	10c. State	10d. ZIP + 4	
	10e. Business Telephone Number (Include area code)		
	11. Type of Business		

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.)

13. If a CORPORATION, Give Names and Addresses of Its Officers	14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.
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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).

15. Signature of Agent/Notary Public	16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)
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