



3775 NW 77th. Street
Miami, Florida 33147
Phone: (305) 836-4393
Fax:(305) 693-5515

PRIVATE MAIL BOX APPLICATION FORM

Account Type: Personal Business

First Name:	_____	Last Name:	_____
Gender:	F M	Date of Birth:	_____
Nationality:	_____	email address:	_____
ID Number:	_____	Type of ID:	_____
		Issuing Country:	_____
Telephone:	_____	Mobile:	_____
		Fax:	_____

Billing Address:	_____		
Street Address:	_____		
City:	_____	State:	_____
		Country:	_____
Zip Code:	_____		

Shipping Address:	_____		
Street Address:	_____		
City:	_____	State:	_____
		Country:	_____
Zip Code:	_____		