

**Nevada Mailing Address Obtainment and - Scan/Email & Regular Forwarding
4705 S. Durango Drive #100-A1, Las Vegas, Nevada 89147**

****Payments will be made to the Indiana BWFC office**
****Post office box service will be performed by the Nevada BWFC office******

**EMAIL ADDRESS for payment: bwfcprocessing@bridgewaycorp.com
FAX for payment: 812-641-0478**

Direct questions regarding mail received or packages expected to: armail@cox.net

Customer Full Name: _____

Address in which mail is to be forwarded to:

Mailing Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Contact Numbers: Home - (____) _____ - _____ **Cell Phone:** (____) _____ - _____

Email Address where urgent mail can be scan/emailed forwarded to: _____@_____

USPS Information required: – Company Name or Individual Name for Mailing Address (3 maximum)

Company Name (s): 1) _____

OR Individual Names 2) _____

3) _____

Include with this form: TWO forms of identification.

- One must be a picture ID
- 2nd form can be: utility bill, insurance card, etc. (anything showing customers name and home address)

Privacy and Communications:

Customer authorizes the Nevada BWFC office to open and accept any third party communications appearing “urgent” for client, including but not limited to communications from USPS postal mail, FedEx, UPS, and DHL. Unsolicited communications may be discarded as “junk mail”.

Mail forwarding Service:

Unopened mail received will be forwarded to client. Any postage costs may be billed to client at 3 X postage fee.

Authorization to act as Agent:

The Nevada BWFC office is authorized to act as agent to receive customer’s mail and completion of the USPS form 1583 per US Postmaster request to accept mail for 3rd parties. If customer authorization is by phone – receipt of IDs and payment shall be deemed as if customer signed below.

Customer Signature or if authorization by Telephone - Authorization by:

Signature

Date: _____

PAYMENT AUTHORIZATION

Nevada Post Office box prices:

- \$125 setup fee (onetime only)
- \$180 annual fee
 - \$305 TOTAL fee and you will be billed annually for your renewal

Payment Options:

Check by Fax (fax check to 812-641-0478)

E-check:

Routing number (9-digit number on the bottom right side of personal check): _____

Account Number: _____

Credit/Debit Card:

15 to 16 digit card #: _____

Expiration Date: ____ / ____

3-4 digit security code on back or front of card (optional): _____

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Authorization to Charge

BWFC Processing Center, LLC is hereby authorized to charge the above account in the amount of \$314.15 (3% merchant processing shall be added). A fax copy of this authorization has the same standing as the original. This information shall be kept strictly confidential and my account information will not be shared with any 3rd parties.

Approval Signature: _____ **Date:** _____