



FAST FORWARD...

RE-MAIL

Visit us on the Web at www.fastforwardremail.com

414 NW Knights Ave Lake City, FL 32055-7247

6428 Ridge Terr Orlando FL 32810-2523

Phone 386/ 719-9858 Toll free 866/ 624-5523 (866 maillad)

E-Mail mail@fastforwardremail.com

You may feel confident in selecting *FAST FORWARD* to handle your mail, as we have been in the business since 1988 and we take pride in our desire to “go the extra mile” for our members. We appreciate the confidence that you will place in us to handle your most personal mail with unwavering respect to privacy while delivering what you want, where you want, and when you want.

Most of our members choose our Standard membership which has 3 month, 6 month and annual terms, but we also have “Gold” , “Platinum” and “Lifetime” memberships for those who want full service at a flat rate. You may order your mail delivered to you via regular mail, international mail, courier, email or fax. If you need assistance registering vehicles in Florida, you may wish to use our vehicle registration service.

For your convenience, you may sign up now, indicating the date you wish your service to begin. For quick start service, you may reserve a personal suite via telephone or email.

If you are a Travelling Nurse, a SOWER, or a member of FMCA and you include a copy of your membership document or card along with your on-time renewal, we will credit your postage account with an amount equal to 5 percent of your membership renewal cost. Gold members will get a 5 percent discount off published pricing.

If you have any questions or need further assistance, please call us on our tollfree number (866/maillad (624-5523)) or send us an e-mail at mail@fastforwardremail.com.

UNITED STATES POSTAL SERVICE FORM 1583 LINE BY LINE INSTRUCTIONS

1. Today's date.
2. Primary member name and spouse if applicable.
3. Leave Blank, we will assign an address to you.
4. Leave Blank, our address goes here.
5. Primary member and spouse sign here.
6. Name(s) of applicant signing this form.
7. Home address on your photo id as of TODAY.
8. Leave Blank. We will enter information from your ID. You must attach a photocopy of driver's licenses (or other photo ID) and one of the other listed identifications for each party receiving mail with us.
9. If applicable.
10. If applicable.
11. If applicable.
12. If applicable.
13. If applicable.
14. If applicable.
15. Fast Forward agent or Notary will sign here.
16. Sign this in the presence of a Fast Forward agent or a Notary Public.

MAIL SERVICE APPLICATION AND FORWARDING INSTRUCTIONS

(Please Print Legibly and return to us along with your PS 1583)

NAMES Enter as they will receive mail include any nicknames, spouse names, maiden names and minor children.

MEMBER _____

CHILD _____

SPOUSE _____

CHILD _____

ASSOCIATE MEMBERS such as Parents, Adult children, siblings, or Company name(s).

List the date that you wish to begin service and the term and Frequency desired. Note Special instructions in OTHER.

Please begin my membership on _____ and continue for the following period.

_____ Three Months _____ Six Months _____ One Year _____ Other (contact FFR)

I want my address to be in _____ Orlando _____ Lake City

SCHEDULE FOR FORWARDING MAIL

_____ HOLD UNTIL NOTIFIED

_____ WEEKLY

_____ MONTHLY

_____ DAILY

_____ TWICE WEEKLY

_____ TWICE MONTHLY

_____ OTHER _____

If you already have a forwarding address, list it. If not, you may call or e-mail us whenever you get an address.

FORWARD TO: _____

CITY _____ STATE _____ ZIP _____

TO CHANGE YOUR ADDRESS OR FORWARDING SCHEDULE IN THE FUTURE PLEASE CONTACT US.

_____ **INITIAL HERE IF YOU WISH YOUR INFORMATION TO BE RELEASED TO ANYONE INQUIRING.**

List any phone number where we will be able to reach you in the future. List your e-mail address if applicable.

TELEPHONE _____ E-MAIL _____

Enter emergency contact information, if applicable.

IN CASE OF EMERGENCY CONTACT: _____

CITY _____ STATE _____ ZIP _____

RECEIVING MAIL

Fast Forward will accept **ALL MAIL OF ANY CLASS** for each member. If Certified or Registered or mail is received, we will make every reasonable effort to notify member and remail quickly. When we receive Insured Mail we will make reasonable effort to inspect it for damage prior to receipt, but we may not be held liable for any damages out of our control.

FORWARDING INSTRUCTIONS

YES NO I want Fast Forward to forward **all mail of any class** to me / us.
(IF YOU CIRCLED YES THEN GO TO ADDITIONAL INSTRUCTIONS.)
IF NO THEN FAST FORWARD WILL SORT THE MAIL FOR YOU.

____ SORT AND DISCARD OBVIOUS JUNK MAIL (FF will sort and discard based upon our sole judgement of obvious junk mail. All bulk mail is not junk mail, some first class is junk mail.) THIS SELECTION IS FREE.

SEND THESE MAGAZINES, NEWSPAPERS AND CATALOGS _____

DO NOT SEND THESE MAGAZINES, NEWSPAPERS AND CATALOGS _____

ADDITIONAL INSTRUCTIONS

(NOTE: ADDITIONAL FEES)

____ SEND A NO MAIL CARD (If no mail is in box on appointed date, notification will be sent)

____ ALWAYS SEND MY MAIL VIA PRIORITY MAIL(We send PRIORITY, regardless of weight)

____ Send 80 address return labels with my subscription package and charge my postage account \$1.99.

SPECIAL INSTRUCTIONS _____

SATISFACTION QUESTIONNAIRE

How did you hear of our service?

____ Classified Ad Which Publication? _____

____ Personal Reference from a member Member Name/ ID number? _____

____ Other Please Explain. _____

Why did you choose us?

____ No Registration Fee

____ Florida Location (Tax Haven)

____ Courteous and Helpful Representatives, we were just nicer people

____ Flexible Forwarding Options

____ Optional Mail Sorting Service

____ 24 Hour Message Service

____ We will notify you when you have mail or when you don't have mail. (Worry Free Service)

____ Free Same Day Mailing Service when notified before Noon EST

____ Multiple Office Locations

Were the application instructions easy to follow? _____

Please check each of our other services in which you are interested. We will send you more information.

____ Vehicle Registration Service. We register your vehicle in FL

____ Automatic Vehicle Registration Renewal Service. You will never be late on renewing your vehicle registration.

____ Mail Scanning with scan emailed to you STOP PAYING USPS FOR SLOW SERVICE.

____ Register to Vote in Florida.

____ Fast Forward Agent – You earn up to \$100.00 just for witnessing a signature

Are there any other needs that we can meet for you? _____

AFFIRMATIONS AND PAYMENT REMITTAL FORM

I hereby apply for membership privileges at *FAST FORWARD* and agree to release *FAST FORWARD* from any liability for loss or destruction of mail unless the same was caused by the gross negligence of *FAST FORWARD*. *FAST FORWARD* shall not be held liable for any incidental, special or consequential damages. I understand that only postage deposit monies are eligible for refund and only after 180 days after the membership termination date. This form in its entirety is the entire agreement between the parties and it supercedes any other written or oral agreement. In the event of any dispute or litigation arising from membership with *FAST FORWARD*, reasonable attorney fees and all other expenses incurred by either party in connection with such dispute or litigation shall be reimbursed to the prevailing party by the non-prevailing party. I understand that if I am found to be using the service for illegal activities or if my account with *FAST FORWARD* becomes delinquent, *FAST FORWARD* may discontinue my service and without notice to me, may return my mail to sender (s). By entering credit card information below, I certify that I am an authorized signer on the account and hereby give my permission to bill the credit card when requested.

I agree to Only send this credit card information for delivery via US mail.

NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ --STATE _____ ZIP _____

CARD NUMBER _____ EXP _____

CVV 3 digit code from back of card _____

_____ INITIAL HERE IF YOU WISH US TO AUTOMATICALLY CHARGE YOUR CARD, WITHOUT NOTICE, AS NEEDED TO KEEP YOUR ACCOUNT IN GOOD STANDING. YOU MAY CANCEL THIS OPTION AT ANY TIME BY NOTIFYING OUR OFFICE OF YOUR DESIRES.

SIGNATURE(S) You do not need to have this signature notarized.

1. _____ DATE _____

2. _____ DATE _____

PLEASE ENTER THE APPROPRIATE AMOUNTS FROM THE SCHEDULE OF FEES

MEMBERSHIP DUES \$ _____

ASSOCIATE MEMBER(S) # _____ TIMES \$30.00 = \$ _____

POSTAGE DEPOSIT (minimum \$100.00 suggested) \$ _____

TOTAL ENCLOSED \$ _____

Please make Check or Money Order payable to:

Fast Forward
414 NW Knights Ave
Lake City, FL 32055-7247

YOU MAY ALSO REMIT VIA PAYPAL, SEND PAYMENT TO PAYMENTS@FASTFORWARDREMAIL.COM

-----Your Mail Follows You.....ANYWHERE-----