

A-way Service from Total Office Services Authorization Form.



Name: _____

Address: _____

City, State, Zip: _____

Phone1: _____ Phone 2: _____

Dates of service: _____

Person(s) who will be delivering mail to TOS: _____

Additional details/instructions: _____

I understand that I am signing up for the Total Office Service (TOS) "A-way" Mail & Package Service. I authorize TOS "A-way" service to handle my mail and packages for the dates listed above and for the purposes of holding, forwarding and scanning per my request and direction. I agree to the A-way Service Terms and Conditions (available upon request). I understand that TOS is not responsible for the loss of the contents or loss of mail or packages. I will hold TOS harmless from any and all claims made in regards to handling my mail and packages. I understand that I am responsible for all claims for damage and loss with the applicable carrier. I authorize TOS to re-pack my mail or packages as necessary. TOS reserves the right to refuse or decline service for any reason.

Signed: _____

Print: _____ Date: _____

Copy of current ID required. Payment and ID to be presented in the store.