



SERVICE SUBSCRIPTION APPLICATION FORM

(This form should be clearly written in BLOCK CAPITALS)

1.a. Are you an existing **BPS Client**: YES NO

b. If **YES**, What is your existing **BPS Client Code**:

and which service(s) listed below *do you currently / have in the past* subscribed to:

- Franking Machine Postage Paid Domestic Business Reply
 Stamp Vendor Discount Private Letter Box (PO Box)

2. APPLICATION CLIENT INFORMATION:

a. Type of Subscription: Business Personal

b. Title (Mr., Mrs., Ms., N/A)

c. Company Name \ Account Name

d. Contact First Name

e. Contact Surname

f. Company # / Identification

g. Address 1

h. Address 2

i. Parish

j. Country

k. Post Code

l. Telephone Number

m. Mobile Number

n. Fax Number

o. E-Mail Address

p. Website Address

q. Name & Position of Applicant

t. Company Stamp (if applicable)

r. Signature of Applicant

s. Date of Application

3. TYPE OF SUBSCRIPTION(S) REQUESTED:

a. <input type="checkbox"/> Franking Machine	b. <input type="checkbox"/> Postage Paid
c. <input type="checkbox"/> Domestic Business Reply	d. <input type="checkbox"/> Stamp Vendor Licence
e. <input type="checkbox"/> Private Letter Box: (Available Sizes: <i>Extra Small/ Small / Large</i> <i>Large User / Locked Bag</i>)	i. Size Preferred ii. No. of Keys Requested ii. Location Preferred iii. Location 2 nd Choice iv. Preferred Office to collect key(s)
	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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4. Application Received & Checked By (Name & Signature):	BPS Date Stamp:
5. PMG Signature: Approved / Denied	Date:

6. TYPE OF SUBSCRIPTION(S) ISSUED

a. Private Letter Box	i. Size & Number	ii. Location
b. Franking Machine	i. Manufacturer	ii. Serial Number
c. Postage Paid Permit:	d. Domestic Business Reply Permit :	e. Stamp Vendor Discount Licence:
Supervisor (Name & Signature):		Date:

7. DATABASE UPDATED

Entered By (Name & Signature):	Date:

8. CUSTOMER INFORMED

Customer Informed By (Name & Signature):	Date: