

ESCAPEES Mail Service Agreement

MAIL SERVICE RATES

CATEGORY A

Receives all classes of mail

Annual fee	\$95
Postage deposit.....	\$50
Enrollment fee.....	\$15
Cancellation fee	\$35

Category A Total\$195

CATEGORY B

Requests special class of mail

Annual fee	\$115
Postage deposit.....	\$50
Enrollment fee.....	\$15
Cancellation fee	\$35

Category B Total\$215

CATEGORY C

Requests special mail sorting - please call for more information

Annual fee	\$135
Postage deposit.....	\$50
Enrollment fee.....	\$15
Cancellation fee	\$35

Category C Total\$235

\$.75 to \$1 charge applicable for packages and certified mail. Business rates available upon request.

List all names, middle names, former names, maiden names, nicknames, initials, and company names that might appear on your mail.

If you have a business and would like to receive your business mail through Escapees Mail Service, you MUST have prior approval. Please call for information. If you are going to receive mail addressed to a business name or someone other than yourself or spouse, you must call in for prior approval. If you will be receiving final mail for a closed business, please include the business name.

Special Note: Category "A" must receive all mail.

Category "B" and "C" members only:

Check the classes of mail you want forwarded:

- First-class only Nonprofit Newsletters Advertisements Catalogs Magazines Newspapers Travel Guide/Directories

Note: All other mail will be discarded. We will continue our policy of forwarding third-class mail that appears to be important via first-class, e.g. printed checks, refunds, etc.

Scanning Service Option (First class mail only): - If you are interested in mail scanning please call for additional information.

\$10 monthly - includes scanning of envelopes

\$.50 per page for content of envelope.

Would you like Escapees to accept mail on your behalf that requires us to sign as received? (i.e., certified, registered, insured, restricted, express, etc.)

Yes

No

SPECIAL NOTE: Your Escapees club mail, e.g. magazine, membership renewals, etc., will be converted to your Mail Service address unless you request otherwise.

We are unable to accept or forward the following items: • **Perishables** • **Refrigerated** • **Hazardous** • **Liquids** • **Alcohol** • **Ammunition** • **Firearms** • **Tobacco**

ESCAPEES MAIL SERVICE AGREEMENT

Date processed: _____

PMB: _____

Member name(s): _____

SKP #: _____

Send new mail service card to: _____

Phone #: _____

Email: _____

YOU MUST CONTACT US TO START YOUR MAIL SCHEDULE

1. This Agreement is made and entered into between Escapees Mail Service and the Member under the terms set forth herein.
2. Each individual or entity must complete a separate U.S. Postal Service Form 1583 to be authorized to receive mail or packages at the mail service. However, spouses may complete one Form 1583, as long as both spouses include their separate information on the form. If two people are not married, they must each fill out a separate Form 1583. Photocopies of the identification must be included.
3. This Agreement, Form 1583 and your address shall remain confidential; however, this information may be disclosed upon request of any law enforcement or other governmental agency, or when legally mandated.
4. Upon request, Member agrees to complete all necessary documents, including Form 1583 and any required acknowledge form relating to service of process. Member further agrees to sign an updated version of Form 1583, upon request, if any information contained therein changes.
5. Member agrees to keep a minimum of \$25 in their postage account; however, if cost of mailing exceeds postage balance, Escapees reserves the right to suspend service until sufficient funds are available.
6. Due to postal regulations, upon expiration, cancellation, or termination of this Agreement, Escapees Mail Service will:
 - a. Forward Member's first-class mail for six (6) months, provided Member pays the postage in advance and supplies a forwarding address.
 - b. Discard or destroy any "Unsolicited Mail," e.g., bulk mail, catalogs, etc., delivered to the mail service.
 - c. If a member refuses to provide a forwarding address, then his or her mail may be held for six months and then returned to sender.
7. Six (6) months after the expiration, cancellation, or termination of this Agreement, Escapees Mail Service will only refund any unused postage and refuse or return to sender any first-class mail or packages addressed and delivered to the Escapees Mail Service. Bulk rate mail will be discarded. All other fees are non-refundable.
8. All Mail Service accounts with multiple owners are held as joint tenants with rights of survivorship.

Disclaimer: Escapees assumes no liability for damages, either direct or consequential, to any person, authorized agent, organization, or institution as a result of the use of this service.

The Postal or Mail Service may return mail without a proper address, endorsed "Undeliverable as Addressed."

Acknowledgement: I have read and agree to the terms and conditions of this contract.

Signature of owner: _____ Date: _____

_____ Date: _____

EMERGENCY RECORD INFORMATION SHEET

IN CASE OF EMERGENCY, PLEASE NOTIFY: (DO NOT LIST ACCOUNT HOLDERS)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

TRAVEL TRAILER/MOTOR HOME: _____
(MAKE) (MODEL) (YEAR) (LICENSE #) (COLOR)

TOW RIG DESCRIPTION: _____
(MAKE) (MODEL) (YEAR) (LICENSE #) (COLOR)

YOU MAY MAY NOT (CHECK ONE) RELEASE MY LOCATION TO ANYONE.

RELEASE MY LOCATION TO THE FOLLOWING ONLY: _____

In the event of member's death or incapacity, I authorize the following person as my authorized agent for purposes of this agreement. (Do not list account holders.)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

Escapees Mail Service will release your location to law enforcement personnel with proper documentation.

YOU MUST CONTACT US TO START YOUR MAIL SCHEDULE

In order to utilize Escapees Mail Service, I understand that I must be a member of Escapees RV Club. If I am not currently a member of Escapees, I also authorize you to charge my credit card \$49.95, the cost of a one-year membership.

Category A—\$195 Category B—\$215 Category C—\$235 Scanning Service—\$10 Monthly **Prices subject to change.**

Method of payment: Check # _____

Credit Card:    Card#: _____ Exp. date: _____

AUTHORIZATION TO CHARGE: _____

SIGNATURE AS IT APPEARS ON CREDIT CARD

ESCAPEES *RV* Club[®] **MAIL SERVICE**

101 Rainbow Drive, Livingston, Texas 77399-9330 • 936-327-8873 • mailservice@escapees.com

Thank you for applying to the Escapees Mail Service!

The Escapees Mail Service is a licensed commercial mail receiving agency (CMRA) and must abide by U.S. Postal Service regulations.

In order to be issued an address with Escapees Mail Service so that you may begin to receive mail, postal regulations require that we have a completed Postal Service form 1583, for each person for whom we are receiving mail. A husband and wife may fill out one form together as long as they both provide the necessary identification and sign the form.

Each form must have a notarized signature(s) of the person(s) making application, plus photocopies of two forms of identification, one of which must be a photo ID. If you are applying for the mail service while at Rainbow's End or at an Escapade, a notary is not required as we can verify your signature(s); however, we still must have photocopies of your identification.

Each person in the Escapees Mail Service has a unique address. Do not have your mail forwarded to the corporate offices at 100 or 101 Rainbow Drive; this mail will be returned to sender.

We have attached two Postal Forms 1583, along with instructions for filling them out. Please return them promptly, along with the mail service contract, so we may issue you an address. If you have any questions, please call 1-888-757-2582.

Thank you.

A handwritten signature in black ink that reads "Kelly Brown". The signature is written in a cursive, flowing style.

Kelly Brown
General Manager

Instructions for completing Postal Form #1583

THIS IS NOT AN ADDRESS CHANGE FORM

The following numbers correspond to the numbered items on the form 1583.

The Post Office will not accept any form that has white-out or cross-outs on it. If you make a mistake, please download a form from our website, pick one up at your local post office, or call our office to have another one mailed to you.

1. Fill in today's date.
2. List all names by which you receive mail. Example: nicknames, maiden names, middle names and business names. If your business receives more than approximately 15 pieces of mail per month you may need to establish a business account, please call for approval. If you are married, but using your maiden name, you must either fill out a separate postal form or show documentation that you are married. If you are not married, each person must fill out a separate form. If you receive mail for another person, it will be necessary to call for prior approval before listing their name.
3. Please leave this block blank. We will fill it in after your application has been processed and your new address assigned.
4. This section will already be filled in.
5. To authorize restricted delivery mail, your signature is required here. Restricted delivery mail is certified mail that states only the addressee may sign for it. Your signature will allow us as your agent to sign for it.
6. ***Print*** your legal name.
7. Please list the most current U.S. physical address where you have been receiving mail - do not list mail forwarding addresses, such as Rainbow Dr. or P O Boxes. If you live in your RV, state the following: live in RV, list the state it is registered in and the license plate number. You must also list the make, model, and color. Example: Live in RV, registered in Texas, license #1234ABC, Fleetwood Bounder, white.
If you do not have a license number, you must list your most current mailing address. Otherwise, your application cannot be processed. You may either use your current mailing address or your complete RV information; you may not use both types of information.
8. A photocopy of your Escapees membership card and of your valid photo driver's license must be submitted with this form. You may also submit a copy of your **signed** passport if you do not have a photo driver's license. If you are not yet a member of Escapees, you may send a copy of your voter's registration card if it has an identification number and a signature. Other examples of acceptable identification are AARP cards and a military ID containing a signature and number. You may **not** use Social Security cards or credit cards. Each person must have two forms listed, and you must send photocopies of all identification used, showing the number, signature, and picture.
9. Enter N/A in blocks 9 through 11. If you wish to receive mail addressed to a business or a name other than your own, you must call us for prior approval.
12. A guardian must list the names and ages of minors receiving mail at their delivery address.
13. Enter N/A in blocks 13 and 14. If you wish to receive mail addressed to a business or a name other than your own, you must call us for prior approval.
15. If you are not at Rainbow's End when filling out this form, you must have it notarized, including a stamp or a seal.
16. ***Please make certain each person who is listed on this form has signed this line in front of a notary.***

This form must be filled out completely, including your signature and notarization. Return to Escapees with photocopies of your identification.

Thank you for your cooperation.

United States Postal Service®
Application for Delivery of Mail Through Agent
 See Privacy Act Statement on Reverse

1. Date _____

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)

3a. Address to be Used for Delivery (Include PMB or # sign.)
 _____ Rainbow Dr. # _____ **3a,3b,3c,3d**
Internal use only
 3b. City **Livingston** 3c. State **TX** 3d. ZIP + 4® **77399-**

5. This authorization is extended to include restricted delivery mail for the undersigned(s):

4. Applicant authorizes delivery to and in care of:

a. Name
Escapes Mail Service

b. Address (No., street, apt./ste. no.) **101 Rainbow Dr.**

c. City **Livingston** d. State **TX** e. ZIP + 4 **77399-9330**

6. Name of Applicant

7a. Applicant Home Address (No., street, apt./ste. no)

7b. City 7c. State 7d. ZIP + 4

7e. Applicant Telephone Number (Include area code)

8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

a. _____
 b. _____

9. Name of Firm or Corporation

10a. Business Address (No., street, apt./ste. no)

10b. City 10c. State 10d. ZIP + 4

10e. Business Telephone Number (Include area code)

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

11. Type of Business

12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)

13. If a CORPORATION, Give Names and Addresses of Its Officers

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.

United States Postal Service®
Application for Delivery of Mail Through Agent
 See Privacy Act Statement on Reverse

SAMPLE DOCUMENT ONLY

1. Date
 Today's Date Here

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent.
 (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)

All names, business names, maiden names, nicknames or POA

3a. Address to be Used for Delivery (Include PMB or # sign.)
 _____ Rainbow Dr. # _____
3a,3b,3c,3d
Internal use only

3b. City Livingston	3c. State TX	3d. ZIP + 4® 77399-
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5. This authorization is extended to include restricted delivery mail for the undersigned(s):

ALL APPLICANTS must sign here to receive certified, insured, registered and Express mail

4. Applicant authorizes delivery to and in care of:

a. Name

Escapes Mail Service

b. Address (No.,

street, apt./ste. no.) **101 Rainbow Dr.**

c. City

Livingston

d. State

TX

e. ZIP + 4

77399-9330

6. Name of Applicant

Print legal names here

7a. Applicant Home Address (No., street, apt./ste. no)

U.S. physical address- no P.O. boxes, APO's or PMB's

7b. City

or list RIG INFO, make, model,color and license plate # and state

7c. State

7d. ZIP + 4

7e. Applicant Telephone Number (Include area code)

9. Name of Firm or Corporation

N/A, please call for approval or to set up a business account

10a. Business Address (No., street, apt./ste. no)

N/A, please call for approval or to set up a business account

10b. City

-----N/A-----

10c. State

10d. ZIP + 4

-----N/A-----

10e. Business Telephone Number (Include area code)

N/A, please call for approval or to set up a business account

11. Type of Business

N/A, please call for approval or to set up a business account

8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

a. Escapes will complete section "a" upon receipt of proper identification

b. **IDENTIFICATION IS REQUIRED FOR ALL**

12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)

N/A, UNLESS you travel with minor children; list children's name and ages here

13. If a CORPORATION, Give Names and Addresses of Its Officers

N/A, please call for approval or to set up a business account

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.

N/A, please call for approval or to set up a business account

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public

Must be notarized with stamp or seal
 (Can be electronic notary)

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

ALL APPLICANTS MUST SIGN HERE