



APPLICATION TO REDIRECT MAIL

CUSTOMER NAME	
CUSTOMER PHYSICAL ADDRESS	<hr/> <hr/> <hr/> <hr/>
PHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	

DX BOX NUMBER	
EXCHANGE WHERE MAIL IS CURRENTLY DELIVERED	
FINAL DATE FOR MAIL TO BE DELIVERED TO THIS EXCHANGE	

NEW EXCHANGE WHERE MAIL IS TO BE DELIVERED <small>(If unknown leave blank and we will contact you)</small>	
FIRST DATE FOR MAIL TO BE DELIVERED TO THIS EXCHANGE	

LENGTH OF REDIRECTION	2 MONTHS	4 MONTHS	6 MONTHS	9 MONTHS	OTHER <small>(Please indicate time)</small>
Please tick appropriate box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I/We _____ request DX Mail to temporarily redirect our mail as above and agree to pay the fee of \$31.78 per month + GST for each month the redirection is in place.

Signed by _____ (print in capitals)

For _____ (name of company)

Signature _____

Date _____