

Application Form E-zone

Full Name: _____ Date : _____

Company Name: _____

Address: _____

Home Tel.: _____

Country: _____

Work Tel : _____

Cellular : _____

E-Mail address: _____

Fax : _____

CUSTOMS AUTHORIZATION:

I hereby authorize Nieuwe Post NA NV to clear and deliver all packages on my behalf.
I will accept and refund any charge in so doing.

Name: _____

Signature: _____

FOR OFFICIAL USE ONLY - THIS PART TO BE COMPLETED BY NPNA N.V.

Name: _____

YOUR ADDRESSES ARE:

For Mail/Magazines only for Curacao & Bonaire

Account # _____

PO Box 669508

Miami FL 33166-9508

For Packages/Parcels only

Account # _____

7620 NW 63rd. Street

Miami FL 33166

For Mail/Magazines only for Windward Islands

Account # _____

PO Box 669506

Miami FL 33166-9508

* Rates subject to change without notice.

Undersigned acknowledge receipt of the applicable Terms and Conditions Ezone.

Customer indicated to have read and understood and agree to be bound by these Terms & Conditions.

