



mail.promedpharmacy@gmail.com

**FOR OFFICE USE ONLY**

\_\_\_\_\_ - 2706 Alta Vista Drive, Ottawa, ON K1V 7T4

Rental Period to Start \_\_\_\_\_ To End \_\_\_\_\_

**MAIL SERVICE APPLICATION**

**A. INDIVIDUAL USE**

Last Name	First	Middle Initial
Residence Address		
Tel:	Tel:	Fax:
e-mail:		

**B. BUSINESS OR COMMERCIAL USE**

Name of Firm or Business
Business Address
Name and Title of Chief Executive

**D. AUTHORIZATION TO SIGN**

- Authorize ProMed Pharmacy to sign for my registered letters
- Authorize ProMed Pharmacy to sign for my Courier and Parcels

**E. OTHER NAMES USING THIS BOX**

**F. OTHER INSTRUCTIONS**

We agree to the terms and condition set on reverse:

**ProMed Pharmacy**

**SUBSCRIBER**

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_