



**RASXPRESS S. DE R. L.  
ROATAN, HONDURAS**

CUSTOMER'S NAME	<input type="text"/>	*BOX NUMBER	<input type="text"/>
CONTACT NUMBER	<input type="text"/>	CONTACT EMAIL	<input type="text"/>
DATE OPENED	<input type="text"/>	AMOUNT PAID	<input type="text"/>
BUSINESS ACCOUNT	<input type="checkbox"/>	LAST MONTH PAID	<input type="checkbox"/>
PERSONAL ACCOUNT	<input type="checkbox"/>		
<b>AUTHORIZED USERS</b>			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>As the owner of this box, I hereby authorize the above named persons to receive and send mail/packages using my account. I understand I am responsible for all charges placed on the account. I will settle charges with the user for his/her portion of their bill. RASXPRESS will only accept payment from the account owner.</p> <p>Payments can be made via paypal or local bank accounts. Please use your box number to identify your payment/deposit. Refer to service instructions for bank account information. <b><u>NO PERSONAL CHECKS</u></b></p> <p><b>* BOX NUMBER WILL BE ASSIGNED AT THE OFFICE WITH YOUR PROOF OF PAYMENT. FORM MUST BE SIGNED BEFORE SERVICE CAN BEGIN.</b></p>			

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Signature and date

**SUBMIT**