



VIRTUAL MAILING SERVICES AGREEMENT

Company Name: _____ Tax ID/EIN/SSN: _____
Billing Address: _____ C/S/Z: _____
Contact Name: _____ Contact Phone: _____
Alternate Phone: _____ Email: _____

**All mail will be forwarded to the mailing address below.
All plans include up to \$5 worth of forwarding postage per month.**

Mailing Address: _____ C/S/Z: _____

All names under which mail will be received (include all personal names and company names, up to 5 total):

Payment for services are recurring based on your selection below and will be handled through automatic debit of a checking or credit card. Recurring debits are processed in advance of the term selected.

Annual Plan: \$275 per year
- (That's a savings of \$25 or one month free!)
 Monthly Plan: \$25 per month
Desired forwarding Start Date: _____

Would you like to utilize Biz By Faith as your Registered Agent with the Missouri Secretary of State?
 Yes, please! See below*
 No, thank you.

*It is your responsibility to update the Missouri Secretary of State (SOS) office with your new Registered Agent name and address. This can be done on-line for a filing fee of \$10 paid directly to the SOS at: <https://bsd.sos.mo.gov/>. The Registered Agent details you should use are as follows: **BizByFaith, Inc., 1027 S Vandeventer Ave, 6th Floor, St. Louis, MO 63110**
(Contact us to request that BBF handle this filing on your behalf for a total fee of \$15, which includes the \$10 filing fee.)

"Biz By Faith, Inc., is hereby authorized to receive, handle, and forward mail on my behalf and the above listed companies. Biz By Faith, its owners, and its employees may act as my agent in matters relating to mailing services on my behalf to this address: 1027 S Vandeventer Ave, 6th Floor, St. Louis, MO 63110. I agree to the Terms and Conditions of service, and I agree to pay all charges as per terms. I understand that my use of any service provided by Biz By Faith, Inc. constitutes acceptance of these Terms and Conditions. I authorize Biz By Faith, Inc. to verify the information given in this Agreement and to receive and exchange credit information concerning this account both now and in the future."

Print Name: _____ Title: _____

Client's Signature: _____ Date: _____

Return completed form to BBF at info@bizbyfaith.com or mail to 1027 S Vandeventer Ave, 6th Floor, St. Louis, MO 63110, then purchase the plan of your choice at www.BizByFaith.com/registeredagent.