



Lex Pack & Ship

954 Lexington Ave, NY, NY 10021

Phone: (212) 288-4425

Fax: (212) 288-4826

Package Receiving Service Application

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Cell Phone _____ **Home Phone** _____

Signature _____ **Date** _____

Additional Instructions _____

***Note for this application to be accepted, it must be presented in person by the individual who is applying or, if not possible, this form needs to be notarized and submitted for approval.**

Attach Copy of Photo ID Here: