AUTHORIZATION TO USE POST OFFICE BOX

Account No:		Date:	
Account Title:			
I hereby authorize you	to send all correspor	dence, checks and	securities to the following P.O. Box:
Box			
City	State	Zip	
My home street address	ss of record is:		
Number and S	treet		
City	State	Zip	
My business street add	lress of record is:		
Company Nan	ne		
Number and S	treet		
City	State	Zip	
Very truly yours,			
(Customer's Signature)	,		
(Joint Party Signature)			