



National Customer Support Center
**Address Change Service Application —
Traditional**

Mail Classification	Company Name	Taxpayer ID			
ACS Contact Information		Fulfillment			
Attention Line		File Options			
Company Name		Web (Complete PS Form 1357-W, Web Access Request)			
Street Address		CD-ROM (A)			
Apt./Ste. Number		CD-ROM (B)			
City	State	Schedule			
ZIP + 4®		Daily (Web only) Bi-monthly			
Telephone Number (Include area code)		Bi-weekly Monthly			
Fax Number (Include area code)		Weekly			
ACS Shipping Information		Ancillary Service Endorsement			
Attention Line		(Options apply to First-Class Mail® service only)			
Company Name		(Options apply to First-Class Mail® service only)			
Street Address		Address Service Requested			
Apt./Ste. Number		Option 1 Option 2			
City	State	Change Service Requested			
ZIP + 4		Option 1 Option 2			
Telephone Number (Include area code)					
Fax Number (Include area code)					
ACS Billing Information		ACS Notification Option			
Attention Line		(Periodicals Only)			
Company Name		Option 1 Option 4			
Street Address		Option 2 Option 5			
Apt./Ste. Number		Option 3 Option 6			
City	State	See USPS® Publication 8-A, <i>Address Change Service — Traditional</i> , for a complete description of the Periodicals ACS notification options.			
ZIP + 4		Publication 8-A can be found at: http://www.usps.com/cpim/ftp/pubs/pub8A.pdf .			
Telephone Number (Include area code)					
Fax Number (Include area code)					
ACS Participant Information					
Please enter the mailpiece title(s) for which you are requesting ACS participant codes. We will notify you about the codes within 10 days of receipt of your application. Photocopy additional pages if necessary.					
Mailpiece Title(s)	With Keyline (Y or N)	Keyline Length	Attribute (A - Alpha, N - Numeric, or A/N - Alphanumeric)	Shipper-Paid Forwarding (Standard Mail and Package Services)	ACS Participant Code (USPS® use only)
	Y N		A N A/N	Y N	
	Y N		A N A/N	Y N	
	Y N		A N A/N	Y N	
	Y N		A N A/N	Y N	
Authorization					
I hereby authorize the United States Postal Service® to provide change-of-address information for the mailpiece title(s) listed, under the prescribed terms and conditions of the Address Change Service (ACS). I understand the ACS is an electronic enhancement to and not a replacement of the traditional manual address correction process. It is designed to reduce the volume of manual address corrections provided on properly endorsed ACS mail.					
Name (Please print clearly)			Title		
Signature			Date Signed		
			Complete this application and mail or fax to:		
			ADDRESS CHANGE SERVICE DEPT NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201 MEMPHIS TN 38188-0001		
			FAX: 901-821-6204 Voice: 800-331-5746		