



## Software/Database Amendment Customer License Registration

### Customer Information *(Please print)*

Contact Name		Company Name	
Street Address, PO Box, Rural/Contract Delivery Service Route and Box Number			
City	State	ZIP + 4 <sup>®</sup> Code	E-mail Address
Telephone Number <i>(Include area code)</i>		Fax Number <i>(include area code)</i>	

Product to be Copied <i>(Check one)</i>	Authorized Additional Copies <i>(Quantity Range Category)</i>	Fee Amount
<input type="checkbox"/> Five-Digit ZIP*	A 1 to 100	Base Price X 0.5
<input type="checkbox"/> City State*	B 101 - 200	Base Price X 1.0
<input type="checkbox"/> Carrier Route*	C 201 - 300	Base Price X 1.5
<input type="checkbox"/> Delivery Statistics*	D 301 - 400	Base Price X 2.0
<input type="checkbox"/> eLOT <sup>®</sup> *	E 401 - 500	Base Price X 2.5
<input type="checkbox"/> Labeling Lists	F 501 - 600	Base Price X 3.0
<input type="checkbox"/> RDI <sup>™</sup> *	G 601 - 700	Base Price X 3.5
<input type="checkbox"/> National Zone Charts Matrix	H 701 - 800	Base Price X 4.0
<input type="checkbox"/> TIGER/ZIP + 4 <sup>®</sup>	I 801 - 900	Base Price X 4.5
<input type="checkbox"/> Z4CHANGE	J 901 - 1,000	Base Price X 5.0
<input type="checkbox"/> ZIPMOVE*	K 1,001 - 10,000	Base Price X 6.5
<input type="checkbox"/> ZIP + 4 <sup>®</sup> *	L 10,001 - 20,000	Base Price X 8.0
	M 20,001 - 30,000	Base Price X 9.5
	N 30,001 - & Over	Base Price X 11.0
	O * AIS Products Unlimited	\$10,000.00

**Authorized Range Category:** **A B C D E F G H I J K L M N O**  
*(please circle one)*

**Fee Amount = \$**   ,    .     
*(base price X factor)*

Name *(please print)*

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Signature

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Title Date

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**Mail To:** CUSTOMER LICENSE REGISTRATION  
 NATIONAL CUSTOMER SUPPORT CENTER  
 UNITED STATES POSTAL SERVICE  
 225 N HUMPHREYS BLVD STE 501  
 MEMPHIS TN 38188-1099  
 Phone: (800) 238-3150

For USPS Use Only
Control Number:
Check Number:

Payment Method
Make check or money order payable to "United States Postal Service"
<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Check <input type="checkbox"/> ACH Credit <input type="checkbox"/> USPS <sup>®</sup> Money Order
Card Number <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div>
Card expiration date: ____ / ____
Authorized Personnel <i>(please print)</i>
Signature
<i>The person signing above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.</i>