



COMBINED NCOA^{Link}® PROCESSING ACKNOWLEDGEMENT FORM

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service[®] (USPS[®]) requires that each NCOA^{Link} Licensee have a completed NCOA^{Link} PAF for each of their NCOA^{Link} customers prior to providing the NCOA^{Link} service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed original or a photocopy or facsimile representation of the original document.

LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City _____ State _____ ZIP+4 _____

Telephone Number _____ NAICS _____ USPS Mailer ID _____ E-mail Address _____

Parent Company Name

Marketing or "DBA" Company Name or Primary Affiliate Company Name

Name (Please print) _____ Title _____

Signature _____ Date _____

do hereby acknowledge that I have received and reviewed the NCOA^{Link} Information Package supplied to me by _____, an NCOA^{Link} Full Service Provider Licensee and _____, an NCOA^{Link} Limited Service Provider Licensee. I further understand that through an agreement with the NCOA^{Link} Limited Service Provider NCOA^{Link} services may be provided by either of these Licensees. I also understand that the sole purpose of the NCOA^{Link} service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA^{Link} may not be used to create or maintain new movers' lists.

FULL SERVICE NCOA^{Link} LICENSEE

Business Name (Please print) _____

Name (Please print) _____ Title _____

Signature _____ Date _____

Telephone Number _____ Fax Number _____

LIMITED SERVICE NCOA^{Link} LICENSEE AND BROKER LIST ADMINISTRATOR TO FULL SERVICE NCOA^{Link}

Business Name (Please print) _____

Name (Please print) _____ Title _____

Signature _____ Date _____

Telephone Number _____ Fax Number _____ NAICS _____

For Licensee Use Only

FSP PAF ID:

LSP PAF ID:

FSP Broker/Agent ID:

FSP List Administrator ID: