



NCOA 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 National Change of Address (NCOA) licensee have a completed NCOA PAF for each of their NCOA customers prior to providing the NCOA service. The NCOA 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 NCOA 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.

I, the undersigned, an authorized representative of:

Company Name

Address

City State ZIP+4

Telephone Number Tax Identification Number (TIN)

Name (Please print) Title

Signature Date

I do hereby acknowledge that I have received and reviewed the National Change of Address (NCOA) Information Package supplied to me by _____, an NCOA licensee. I also understand that the sole purpose of the NCOA service is to provide a mailing list correction service for lists that will be used for preparation of mailings.

NCOA Licensee

Business Name (Please print)

Name (Please print) Title

Signature Date

Telephone Number Tax Identification Number (TIN)

Broker/Agent **List Administrator** (Check applicable box)

Business Name (Please print)

Address City/State/ZIP+4

Name (Please print) Title

Signature Date

Telephone Number Tax Identification Number (TIN)

For Licensee Use Only

Customer ID:	Broker/Agent ID:	List Administrator ID:
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I, the undersigned, an authorized representative of:

Company Name

Address

City

State

ZIP+4

Telephone Number

Tax Identification Number (TIN)

Name (Please print)

Title

Signature

Date

I do hereby acknowledge that I have received and reviewed the National Change of Address (NCOA) Information Package supplied to me by _____, an NCOA licensee. I also understand that the sole purpose of the NCOA service is to provide a mailing list correction service for lists that will be used for preparation of mailings.

NCOA Licensee

Business Name (Please print)

Name (Please print)

Title

Signature

Date

Telephone Number

Tax Identification Number (TIN)

Broker/Agent **List Administrator** (Check applicable box)

Business Name (Please print)

Address

City/State/ZIP+4

Name (Please print)

Title

Signature

Date

Telephone Number

Tax Identification Number (TIN)

For Licensee Use Only

Customer ID:

Broker/Agent ID:

List Administrator ID:



MLC PROCESSING ACKNOWLEDGMENT 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 *FASTforward*SM licensee have a completed PAF for each of their customers prior to providing the 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.

I, the undersigned, an authorized representative of:

Company Name

Address

City/State/ZIP+4

Telephone Number

Tax Identification Number (TIN)

Name (Please print)

Title

Signature

Date

do hereby acknowledge that I have received and reviewed the *FASTforward* Information Package supplied to me by Mailnet Services, Inc., a *FASTforward* licensee. I also understand that the sole purpose of the *FASTforward* service is to provide a mailing list correction service for lists that will be used for preparation of mailings.

FASTforward Licensee

Mailnet Services, Inc.

Business Name (Please print)

Carole Bailey

Name (Please print)

Client Services

Title

/ /

Signature

Date

(615) 742 – 1368

621816252

Telephone Number

Tax Identification Number (TIN)

Broker/Agent **List Administrator** (Check applicable box)

Business Name (Please print)

Address

City/State/ZIP+4

Name (Please print)

Title

Signature

Date

Telephone Number

Tax Identification Number (TIN)

For Licensee Use Only

Customer ID:

Broker/Agent ID:

List Administrator ID: