

Suite^{Link}® Software Interface and Data Distributor Certification Procedures

Attention: Applicant is prohibited from representing to third parties that USPS® has certified Applicant's software product until USPS issues a software certification notice and Software Interface and Data Distributor License Agreement as described in Step 2, below. Prior to receiving certification and executing a Software Interface and Data Distributor License Agreement with USPS, Applicant may only represent that it has "applied" to receive software certification, and is prohibited from making any representations or warranties as to the availability of its software and/or the ability of its software to support the Suite^{Link} product.

The following material describes the process for an Applicant to qualify for a license to distribute Suite^{Link} certified interface software and redistribute the Suite^{Link} data within its interface.

Full requirements are set forth in the USPS Suite^{Link} Interface and Data Distributor License Agreement. In the event of a conflict between this document and the Suite^{Link} Interface and Data Distributor License Agreement, the terms of the Suite^{Link} Licensee Agreement prevail.

Applicant must submit all materials to USPS at the following address:

LICENSING DEPARTMENT (Suite^{Link})
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
225 N HUMPHREYS BLVD STE 501
MEMPHIS TN 38188-1001
FAX: 650-577-5773

Step 1. Application and Self-Certification Statement Approval

The following documentation must be completed and submitted by Applicant and approved by the USPS:

- Application
- Confidentiality Statement
- Self-Certification Statement
- Key Personnel Listing
- Security Documentation

USPS will notify Applicant of approval/disapproval or if additional information is needed.

Step 2. Execution of License

Upon successful completion of Step 1 and issuance of a certification notice under the separate Software Interface Developer License, USPS will forward an approval letter, and a Suite^{Link} Interface and Data Distributor License Agreement to Applicant. **The Suite^{Link} License Agreement must be signed by an officer who possesses the necessary legal authority to sign on behalf of the company, firm, or organization.** Applicant must return the original signed standard License Agreement to USPS. Upon receipt, USPS will sign the License Agreement and forward a copy of the fully executed License Agreement to the new licensee.

The Software Interface to be distributed under the standard Software Interface Distribution License Agreement must be developed, certified and maintained by Applicant under a separate Software Interface Developer Agreement.

Step 1
Suite^{Link} Software Interface and Data Distributor
Application

Please Print:

Company Name: _____
Company Address: _____
City: _____ State: _____ ZIP + 4[®]: _____
North American Industry Classification System (NAICS): _____
Telephone No.: _____ Fax No.: _____
Contact Name: _____
Parent Company (if applicable): _____
E-mail Address: _____

Terms and Conditions of Application for License

1. Applicant understands and agrees that License is limited to distributing and marketing Interfaces and redistributing data as a component of Applicant's Products to users for their use of the Suite^{Link} Product in the Field of Use in accordance with the License Agreement.
2. Prior to consideration for a Suite^{Link} Interface and Data Distributor License Agreement, Applicant must demonstrate its capability of software development, support and maintenance to the sole satisfaction of USPS. Applicant must submit the Self-Certification Statement, along with this Application to enable USPS to make this determination.
3. Applicant is not eligible to receive a Suite^{Link} Interface and Data Distributor License Agreement prior to USPS: (a) completing its acceptance testing of the software, (b) determining, in its sole discretion, that the testing is successful, and (3) certifying the Applicant's specific Suite^{Link} Software Interface Developer License Agreement.
4. USPS is not liable for any and all costs incurred by the Applicant, its affiliates, agents or employees for the submission of this Application and related materials, or the distribution or testing of Applicant's proposed Suite^{Link} Software Interface.
5. Applicant is in good standing under all existing license agreements with USPS, if any, and has received no notice of warning, suspension or termination from USPS relating either to a current or expired USPS license agreement.
6. USPS may elect not to award Applicant a Suite^{Link} Interface and Data Distributor License Agreement in the event that USPS determines that Applicant has violated any of the terms and conditions set forth above.

I hereby affirm that I have read and fully understand the terms and conditions listed above. I, my company, and/or firm agree to meet these terms and conditions as a prerequisite to applying for or obtaining a USPS Suite^{Link} Interface and Data Distributor License Agreement.

I affirm that I am an officer of the company, firm or organization and that I possess all necessary legal authority to sign on behalf of the company, firm, or organization. The materials submitted to USPS are true and complete to the best of my knowledge and belief. I understand that submission of false, fictitious or fraudulent statements or representations may be grounds for USPS terminating or suspending any License Agreement and may be punishable by fine or imprisonment (US Code, Title 18, Section 1001.)

Company Name: _____

By: _____ (Signature)

Name (please print): _____

Title: _____

Date: _____

Step 1

Suite^{Link} Software Interface and Data Distributor Confidentiality Statement

All material supplied in connection with the application for and use of Suite^{Link} Product contains trade secrets and/or confidential technical, commercial, or other information not generally available to the public. This document, and all other material provided in connection with Suite^{Link} technology and the data and information contained therein shall not be used, duplicated or disclosed to third parties, in whole or in part, for any purpose, without the prior express written consent of the United States Postal Service[®].

I hereby affirm that I have read and fully understand the terms and conditions listed above. I, my company, and/or firm agree to meet these terms and conditions as a prerequisite to using the Suite^{Link} Product. I, my company, and/or firm further agree to continue to abide by this Confidentiality Statement whether or not the USPS awards a Suite^{Link} License to me, my company, and/or firm. This Confidentiality Statement shall not be superseded by the award or entry into of a Suite^{Link} License or any other agreement with the United States Postal Service, unless such agreement specifically refers to this Confidentiality Statement. I affirm that I am an officer of the company, firm or organization and that I possess all necessary legal authority to sign on behalf of the company, firm, or organization.

Product Name: Suite^{Link}® Product

Company Name (please print): _____

Name (please print): _____

Title: _____

Signature: _____ Date: _____

Please sign and return to:
LICENSING DEPARTMENT (Suite^{Link} Product)
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
225 N HUMPHREYS BLVD STE 501
MEMPHIS TN 38188-0001
FAX: 650-577-5773

Step 1
Suite^{Link} Software Interface and Data Distributor
Self-Certification Statements

This information must be provided for evaluation along with the Application.

1. A narrative describing the nature of the applicant's business, with emphasis on its experience in software distribution, support and maintenance.
2. A description of how the applicant plans to utilize Suite^{Link} technology as part of its business or service offering.
3. Key Personnel list (attached)
4. Security Documentation - Please provide a narrative on how the Suite^{Link} data/technology will be secure. A diagram and/or flowchart describing the specific measures may be provided. (Attach separate documents if necessary.)

After review of the provided information, the USPS will notify the applicant in writing of the acceptance or rejection of its license application.

Step 1
Suite^{Link} Software Interface and Data Distributor
Key Personnel

LICENSING CONTACT: (Primary contacts for licensing issues)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP + 4: _____ -
Phone: () - Ext: _____ FAX: () -
Primary Contact: _____
Phone: () - Email: _____
Alternate Contact 1: _____
Phone: () - Email: _____
Alternate Contact 2: _____
Phone: () - Email: _____

SITE CONTACT: (Primary contacts for operational issues)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP + 4: _____ -
Phone: () - Ext: _____ FAX: () -
Primary Contact: _____
Phone: () - Email: _____
Alternate Contact 1: _____
Phone: () - Email: _____
Alternate Contact 2: _____
Phone: () - Email: _____

FULFILLMENT CONTACT: (Primary contacts for data fulfillment)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP + 4: _____ -
Phone: () - Ext: _____ FAX: () -
Primary Contact: _____
Phone: () - Email: _____
Alternate Contact 1: _____
Phone: () - Email: _____
Alternate Contact 2: _____
Phone: () - Email: _____

Step 1
Suite^{Link} Software Interface and Data Distributor
Key Personnel

TECHNICAL CONTACT: (Primary contacts for technical issues)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP + 4: _____ -
Phone: () - _____ Ext: _____ FAX: () - _____
Primary Contact: _____
Phone: () - _____ Email: _____
Alternate Contact 1: _____
Phone: () - _____ Email: _____
Alternate Contact 2: _____
Phone: () - _____ Email: _____

MARKETING CONTACT: (Information to be posted on USPS PostalPro Website YES NO)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP + 4: _____ -
Phone: () - _____ Ext: _____ FAX: () - _____
Primary Contact: _____
Phone: () - _____ Email: _____
Alternate Contact 1: _____
Phone: () - _____ Email: _____
Alternate Contact 2: _____
Phone: () - _____ Email: _____
Company Web site: _____
Customer Service Email: _____
Customer Service Phone: _____

BILLING CONTACT: (Primary contacts for billing issues)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP + 4: _____ -
Phone: () - _____ Ext: _____ FAX: () - _____
Primary Contact: _____
Phone: () - _____ Email: _____
Alternate Contact 1: _____
Phone: () - _____ Email: _____
Alternate Contact 2: _____
Phone: () - _____ Email: _____