

PERIODICALS ACCURACY GRADING AND EVALUATION **D**EVELOPER'S APPLICATION

To avoid delays in processing, complete this form in its entirety.

Customer Information (Please print)

Attention Name

Firm/Customer Name			
Complete Street Address, PO Box, Hwy Contract, or Route N		Apt/Suite #	
City	State	ZIP+4 Code	
Program Contact		Program Contact	Area Code & Phone Number
Program Contact E-mail Address		Program Contact Fax Number	
Technical Contact		Technical Contact Area Code & Phone Number	
Technical Contact E-mail Address		Technical Contact Fax Number	

After successful completion of testing, your software product will be listed in the PAGE Certified Developers List. Please provide the following information for inclusion in this list:

-	-	-			
Sales/Marketing Contact (For retail developers only)		Program C	Program Contact (For proprietary developers only)		
Firm/Customer Name					
Complete Street Address, PO Box, o	r Rural Hwy Contract Route	and Box #		Apt/Suite #	
City		State	ZIP+4		
Area Code & Phone Number	-mail Address	Web Addre	ess (URL)		
Product Information					
Developer Type: A – Retail Developer B – Proprietary Developer	Publication and print plann List ALL hardware and op sheet if necessary.	0		Version Number: roduct and version. Attach additional	
PAGE Testing Fee: \$1,000 – Analysis conducted at NCSC site	Hardware:			Operating system:	
Product Price Range:	Hardware: Hardware: Hardware: Hardware:			Operating system: Operating system:	
 C - \$1,000 through \$4,999 D - \$5,000 and over N/A - Not Applicable 	Hardware:	Operating	system:	arketed under any other name, iden-	

If this product/publication and print planning software engine is marketed under any other name, identify the product and version number.

If this product/publication and print planning software engine is licensed to another company, what are the company and product names?

Payment Information			
PAYMENT METHOD Make check or money order payable to "United States Postal Service."	BILL To Complete only if different than mailing address.		
Check Money Order Visa MasterCard Discover American Express Express Mail Corporate Acct. # Credit Card # Card expiration date:/	Attention Company Address City, State, ZIP+4 Code		
Authorized Personnel (please print)	Mail* or fax completed order form to: ACCOUNTS RECEIVABLE - PAGE		
Signature The signature above indicates that signee accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.	NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 225 N HUMPHREYS BLVD STE 501 MEMPHIS TN 38188-1099		
For USPS Use Only	FAX: 901-681-4409		
Control Number:	* If paying by check or money order, mail payment and		
Check Number:	completed order form to the address above.		

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