

DSF²® 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 product 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: _____

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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: _____