

NCOA^{Link}® 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: _____

NCOA^{Link}® 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: _____