



PERIODICALS ACCURACY GRADING AND EVALUATION (PAGE)
USER'S APPLICATION

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

Customer Information *(Please print)*

Current Software Used	Current Version Number
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Program Contact _____

Company Name _____

Complete Street Address, PO Box, Hwy Contract, or Route Number	Apt/Suite #
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City	State	ZIP+4 Code
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Phone Number <i>(Include area code)</i>	Fax Number <i>(Include area code)</i>	Email Address
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Type of Company
 Publisher Printer Other: _____

Type of Exam/Test Level and Total Quantity
 Bound/Unbound Executive – Quantity _____ Associate – Quantity _____

Your Company's PCSC Contact	Your Post Office of Entry
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Address of Entry Post Office	Phone Number <i>(Include area code)</i>
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Ordering Information

Examination Package – Includes exam for each participant.	Quantity	x	Price	Purchase Amount
	<input style="width:100px" type="text"/>	x	XXXXXXXXXX	\$ <input style="width:100px" type="text"/>

Payment Information

PAYMENT METHOD
 Make check or money order payable to "United States Postal Service."
 Check Money Order Visa MasterCard
 Discover American Express
 Express Mail
 Corporate Acct. #
 Credit Card #
 Card expiration date: ____ / ____

Authorized Personnel *(please print)*

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.

BILL TO
 Complete only if different than mailing address.

Attention _____

Company _____

Address _____

City, State, ZIP+4 Code _____

For USPS Use Only

Control Number: _____

Check Number: _____

Mail* or fax completed form to:
 ACCOUNTS RECEIVABLE - PAGE
 NATIONAL CUSTOMER SUPPORT CENTER
 UNITED STATES POSTAL SERVICE
 225 N HUMPHREYS BLVD STE 501
 MEMPHIS TN 38188-1099
 FAX: 901-681-4409

* If paying by check or money order, mail payment and completed form to the address above.

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