



Software/Database Amendment Customer License Registration

Customer Information *(Please print)*

Contact Name _____ Company Name _____

Street Address, PO Box, Rural/Contract Delivery Service Route and Box Number _____

City _____ State _____ ZIP + 4[®] Code _____ E-mail Address _____

Telephone Number *(Include area code)* _____ Fax Number *(include area code)* _____

Product to be Copied <i>(Check one)</i>	Authorized Additional Copies <i>(Quantity Range Category)</i>	Fee Amount
<input type="checkbox"/> Five-Digit ZIP*	A 1 to 100	Base Price X 0.5
<input type="checkbox"/> City State*	B 101 - 200	Base Price X 1.0
<input type="checkbox"/> Carrier Route*	C 201 - 300	Base Price X 1.5
<input type="checkbox"/> Delivery Statistics*	D 301 - 400	Base Price X 2.0
<input type="checkbox"/> eLOT [®] *	E 401 - 500	Base Price X 2.5
<input type="checkbox"/> Labeling Lists	F 501 - 600	Base Price X 3.0
<input type="checkbox"/> RDI [™] *	G 601 - 700	Base Price X 3.5
<input type="checkbox"/> National Zone Charts Matrix	H 701 - 800	Base Price X 4.0
<input type="checkbox"/> TIGER/ZIP + 4 [®]	I 801 - 900	Base Price X 4.5
<input type="checkbox"/> Z4CHANGE	J 901 - 1,000	Base Price X 5.0
<input type="checkbox"/> ZIPMOVE*	K 1,001 - 10,000	Base Price X 6.5
<input type="checkbox"/> ZIP + 4 [®] *	L 10,001 - 20,000	Base Price X 8.0
	M 20,001 - 30,000	Base Price X 9.5
	N 30,001 - & Over	Base Price X 11.0
	O * AIS Products Unlimited	\$10,000.00

Authorized Range Category: **A B C D E F G H I J K L M N O**
(please circle one)

Fee Amount = \$, .

(base price X factor)

Name *(please print)* _____

Signature _____

Title _____ Date _____

Mail To: CUSTOMER LICENSE REGISTRATION
 NATIONAL CUSTOMER SUPPORT CENTER
 UNITED STATES POSTAL SERVICE
 225 N HUMPHREYS BLVD STE 501
 MEMPHIS TN 38188-1099
 Phone: (800) 238-3150

For USPS Use Only
Control Number:
Check Number:

Payment Method
Make check or money order payable to "United States Postal Service"
<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Check <input type="checkbox"/> ACH Credit <input type="checkbox"/> USPS [®] Money Order
Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card expiration date: ____ / ____
Authorized Personnel <i>(please print)</i> _____
Signature _____
<i>The person signing above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.</i>