



COMBINED NCOALink® PROCESSING ACKNOWLEDGEMENT FORM

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service® (USPS®) requires that each NCOALink Licensee have a completed NCOALink PAF for each of their NCOALink customers prior to providing the NCOALink service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed original or a photocopy or facsimile representation of the original document.

LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

Urbanization

City

State

ZIP+4

Telephone Number

NAICS

USPS Mailer ID
(optional)

CRID
(optional)

E-mail Address
(optional)

Parent Company Name

Marketing or "DBA" Company Name or Primary Affiliate Company Name
(if applicable)

Company Website (optional)

Name (Please print)

Title

Signature

Date

do hereby acknowledge that I have received and reviewed the NCOALink Information Package supplied to me by _____, an NCOALink Full Service Provider Licensee and _____, an NCOALink Limited Service Provider Licensee. I further understand that through an agreement with the NCOALink Limited Service Provider NCOALink services may be provided by either of these Licensees. I also understand that the sole purpose of the NCOALink service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOALink may not be used to create or maintain new movers' lists.

FULL SERVICE NCOALink LICENSEE

Business Name (Please print)

Name (Please print)

Title

Signature

Date

Telephone Number

Fax Number

LIMITED SERVICE NCOALink LICENSEE AND BROKER LIST ADMINISTRATOR TO FULL SERVICE NCOALink

Business Name (Please print)

Name (Please print)

Title

Signature

Date

Telephone Number

NAICS

Company Website (optional)

For Licensee Use Only

FSP PAF ID:

LSP PAF ID:

FSP Broker/Agent ID:

FSP List Administrator ID: