

MAIL PROCESSING AGENT NCOALINK® PROCESSING ACKNOWLEDGEMENT FORM (FULL SERVICE PROVIDER PROCESSING ONLY)

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 NCOA^{Link} Full Service Provider Licensee have a completed NCOA^{Link} PAF for each of their NCOA^{Link} Mail Processing Agents prior to providing the NCOA^{Link} service. The Full Service Provider Licensee is also required by the USPS to retain a copy of the completed form for each of its Mail Processing Agents and to obtain an updated PAF from each of its Mail Processing Agents 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 hardcopy document or equivalent alternative.

MAIL PROCESSING AGENT				
Company Name				
Address			Urbanizatio	n -
City			State	ZIP+4
Telephone Number	Fax Number	NAICS		
Email Address	USPS Mailer ID	CRID		
Company Website (optional)				
Agent Information Package so I understand that the sole propreparation of mailings. I understand that the sole propreparation of mailings. I understand the sole propreparation of mailings. I understand the sole propreparation of mailings is a sole propreparation of mailings. Agent will not return other than for mailings. Agent must destroy the mail stream. Agent acknowledges to the NCOALink serv. Agent shall not discless.	ceived, reviewed and agree to comply with t supplied to me by curpose of the NCOA ^{Link} service is to provio derstand that NCOA ^{Link} may not be used to	the terms in the NO de a mailing list co create or maintain in minimum of 100 union and delivery by the US bowner nor will the un mailing list owner. 30 days from the da mappect the Agent's parthird parties for any	COA ^{Link} Full Service an NCOA ^{Link} Full rrection service for new movers' lists. que names and a SPS. pdated list be use te the mail pieces processes and pro	Service Provider Licensee. or lists that will be used for Furthermore, I agree to the addresses on each ed for any purpose are deposited into cedures pertaining
Name (Please print)		itle		
Signature		Date		
Parent Company Name				
FULL SERVICE PRO	VIDER LICENSEE			
Business Name (Please print) Name (Please print)		Γitle		
Signature		Date		
Telephone Number	Fax Number		PAF ID	