

Computerized Delivery Sequence (CDS) Customer Application/Renewal Form

Form Due December 31

Customer ID:		Use	Previous Custo	mer ID:_		Ir	nitial Qualification	
Primary Contact:				Phone:			Fax:	
Primary Contact Email Address:								
Secondary Contact:				Phone:			Fax:	
Secondary Contact Email Address:								
Company Name:								
Address:						Suite:		
City:					State:	ZIP+4:		
BILLING ADDRESS (if different	from above)							
Billing Contact:	ontact: Phone:				Fax:			
Company Name:								
Address:						Suite:		
Dity:					State:	ZIP+4:		
Do you want your company listed on the USPS Web site (www.usps.com)? Yes No If yes, please provide the mailing address and phone number you wish to be listed if different from above.								
Address:						Suite	:	
City:					State:	ZIP+	4:	
Phone:	Fax:		Email Address	/Web Site:				
RENEWALS - Renewed Computerized Delivery Sequence (CDS) subscriptions will include those ZIP Codes and address groups that the CDS customer is qualified for at the end of the current CDS subscription. CDS subscriptions will only be renewed if all payments due the NCSC are current.								
Privacy Notice - See our p	rivacy policy on usps	s.com.						
I understand that in order to receive future updates, all appropriate fees must be returned and received by the NCSC on or before the due date indicated on the invoice. Failure to meet payment deadlines will result in disqualification.								
Customers acknowledge by their signature below that the above named individuals are authorized to act on behalf of their company in matters dealing with the acquisition of CDS file information from the US Postal Service. Customers also acknowledge they understand the terms and conditions outlined in the <i>Domestic Mail Manual</i> section 507.8 and in the <i>CDS Users Guide</i> as they relate to the qualifications and acquisition of the CDS files.								
Printed Name of Authorized Comp	Printed Name of Authorized Company Representative Signature of Authorized Company Representative Date						 Date	



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Form Due December 31 Company Name:	Customer ID:							
Fulfillment Options Media Density Label Option Character Set	t Frequency							
☐ Electronic	Weekly*							
Electronic * Submission of Electronic Product Fulfillment Web Access form required for access to electronic files								
CDS Customer Supplemental Data Options								
Seed Address Options Do you rent or lease your list to others? If Yes, do you want to receive seed addresses from the NCSC? (See CDS User Guide on Seed Addresses)								
Congressional District Code Options Do you wish to receive Congressional District Code information for the ZIP Codes for which you are currently qualified? (No charge) (See CDS User Guide for information about the Congressional District Code files available to CDS customers)								
CDS No Stat Records Do you wish to receive CDS No Stat Records information for the ZIP Codes for which you are currently qualified? (Fee applies) (See CDS User Guide for information about CDS No Stat Records)	Yes No							
Mail Form to: CDS DEPARTMENT ADDRESSING & RETAIL TECHNOLOGY 225 N HUMPHREYS BLVD STE 501 MEMPHIS TN 38188-1001 Or Fax to: 901-681-4582								
For USPS Use Only								
Date Application Received:	Received by:							
Date Web Access Form Received:	Received by:							
Folder Set-Up Date:								
Base File Date (Cycle Date):	Base File Media:							
Transaction Files Start Date:								
Additional Base File Requests (dates):								
Comments/Notes:								