



NCOA^{Link}® MAIL PROCESSING EQUIPMENT 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 NCOA^{Link} Mail Processing Equipment (MPE) Service Provider Licensee have a completed NCOA^{Link} MPE PAF for each of their NCOA^{Link} MPE customers prior to providing the NCOA^{Link} MPE 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 hardcopy document or equivalent alternative.

MAIL OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City

State

ZIP+4

Telephone Number

NAICS

USPS Mailer ID
(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 NCOA^{Link} Mail Processing Equipment Information Package supplied to me by _____, an NCOA^{Link} MPE Data User Licensee. I also understand that the sole purposes of the NCOA^{Link} MPE service is to provide:

1. Mailpiece redirection (via re-addressing) due to customer moves for mailpieces that I have submitted to the Licensee for mailing;
2. A mailpiece correction service (electronic return) for my customer addresses that will be used for preparation of future mailings. The mailpiece facsimiles that I have submitted to the Licensee will be returned within seven (7) business days of processing, unless I authorize a longer time period in writing; or
3. Mailpiece address correction service in which mailpieces that obtain address correction information as a result of this process will be separated from my mailing and returned either in the form hardcopy or photocopied mailpieces and returned within seven (7) business days of processing by the Licensee, unless I authorize a longer time period in writing. The information provided to me for this service will be used for preparation of future mailings.

Furthermore, I understand that the NCOA^{Link} MPE process may not be used to create or maintain new movers' lists.

LICENSEE

Business Name (Please print)

Name (Please print)

Title

Signature

Date

Telephone Number

Fax Number

For Licensee Use Only

PAF ID: