LACS^{Link®} Key Personnel

LICENSING CONTACT: (Primary contacts for licensing issues)

Company Name:

Address:

City: _____ State: _____ ZIP + 4: _____ - ___

Phone: ( ) - _____ Ext: _____ FAX: ( ) - _____

Primary Contact:

Phone: ( ) - _____ Email:

Alternate Contact 1:

Phone: ( ) - _____ Email:

Alternate Contact 2:

Phone: ( ) - _____ Email:

SITE CONTACT: (Primary contacts for operational issues)

Company Name:

Address:

City: _____ State: _____ ZIP + 4: _____ - ___

Phone: ( ) - _____ Ext: _____ FAX: ( ) - _____

Primary Contact:

Phone: ( ) - _____ Email:

Alternate Contact 1:

Phone: ( ) - _____ Email:

Alternate Contact 2:

Phone: ( ) - _____ Email:

FULFILLMENT CONTACT: (Primary contacts for product fulfillment)

Company Name:

Address:

City: _____ State: _____ ZIP + 4: _____ - ___

Phone: ( ) - _____ Ext: _____ FAX: ( ) - _____

Primary Contact:

Phone: ( ) - _____ Email:

Alternate Contact 1:

Phone: ( ) - _____ Email:

Alternate Contact 2:

Phone: ( ) - _____ Email:

LACS^{Link}® Key Personnel

TECHNICAL CONTACT: (Primary contacts for technical issues)

Company Name: _____

Address: _____

City: _____ State: _____ ZIP + 4: _____ - ____

Phone: (___) ___ - _____ Ext: _____ FAX: (___) ___ - _____

Primary Contact: _____

Phone: (___) ___ - _____ Email: _____

Alternate Contact 1: _____

Phone: (___) ___ - _____ Email: _____

Alternate Contact 2: _____

Phone: (___) ___ - _____ Email: _____

MARKETING CONTACT: (Information to be posted on USPS RIBBS Website ☐ YES ☐ NO)

Company Name: _____

Address: _____

City: _____ State: _____ ZIP + 4: _____ - ____

Phone: (___) ___ - _____ Ext: _____ FAX: (___) ___ - _____

Primary Contact: _____

Phone: (___) ___ - _____ Email: _____

Alternate Contact 1: _____

Phone: (___) ___ - _____ Email: _____

Alternate Contact 2: _____

Phone: (___) ___ - _____ Email: _____

Company Web site: _____

Customer Service Email: _____

Customer Service Phone: _____

BILLING CONTACT: (Primary contacts for billing issues)

Company Name: _____

Address: _____

City: _____ State: _____ ZIP + 4: _____ - ____

Phone: (___) ___ - _____ Ext: _____ FAX: (___) ___ - _____

Primary Contact: _____

Phone: (___) ___ - _____ Email: _____

Alternate Contact 1: _____

Phone: (___) ___ - _____ Email: _____

Alternate Contact 2: _____

Phone: (___) ___ - _____ Email: _____