



Electronic Product Fulfillment Web Access Request Form

This form is used to create a Web-based account with the National Customer Support Center (NCSC) which will be utilized to receive (download) files for electronic product fulfillment from the Electronic Product Fulfillment (EPF) website. Multiple users within a single organization can download the product(s), excluding AIS Viewer; however, each user must have a separate EPF account login. Please complete this form and return via United States Postal Service® mail or fax to the address or fax number listed at the bottom of this form.

AIS Products		BMA Products	Licensing/Certification Products	
<input type="checkbox"/> Carrier Route national	<input type="checkbox"/> ZIPMove	<input type="checkbox"/> MAC Batch	<input type="checkbox"/> ACS (acct. # _____)	
<input type="checkbox"/> Carrier Route by state	<input type="checkbox"/> AIS Viewer	<input type="checkbox"/> PAVE	<input type="checkbox"/> AMS API	
<input type="checkbox"/> City State national	<input type="checkbox"/> Other (Specify): _____	AEC Products		
<input type="checkbox"/> Delivery Statistics	_____	<input type="checkbox"/> AEC / AECII®		
<input type="checkbox"/> eLOT® national	_____	Other Products		
<input type="checkbox"/> eLOT by state	CDS Products			
<input type="checkbox"/> Five-Digit	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> DMM Labeling Lists	<input type="checkbox"/> DSF2®	
<input type="checkbox"/> RDI™	<input type="checkbox"/> Congressional	<input type="checkbox"/> National Zone Charts	<input type="checkbox"/> NCOALink®	
<input type="checkbox"/> Z4Change	<input type="checkbox"/> No Stat	<input type="checkbox"/> ISC Zone Charts	<input type="checkbox"/> LACSLink®	
<input type="checkbox"/> ZIP + 4® national	<input type="checkbox"/> Weekly	<input type="checkbox"/> _____	<input type="checkbox"/> SuiteLink®	
<input type="checkbox"/> ZIP + 4 by state	<input type="checkbox"/> Seeds	<input type="checkbox"/> _____	<input type="checkbox"/> Other (Specify): _____	

A. Customer Information

1. Name	
2. Job Title	3. Telephone Number (include area code)
4. Company Name	5. Email Address
6. Business Address	7. Corporate HQ Location (if different from your Business Address)

B. Customer Computer Access Authorization

User Responsibility Agreement Statement: I am responsible for Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide update information for the information listed above whenever I change job positions. I agree that misuse of a USPS® computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the Inspection Service.

Requester's Signature	Date
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Manager Responsibility Agreement Statement: I agree that this logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon termination or transfer of the user, I will advise the Computer Systems Security Officer in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

1. Name	2. Date
3. Signature	4. Telephone Number (include area code)

If you have any questions regarding this Web access request form, please contact Electronic Product Fulfillment at 800-331-5747 or via e-mail at BXDMM0@usps.gov; otherwise, mail or fax this completed form to:

ADDRESS QUALITY PROGRAMS
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
225 N HUMPHREYS BLVD STE 501
MEMPHIS TN 38188-1001
FAX: 901-681-4582

DO NOT SEND PAYMENT WITH THIS FORM.

NCSC Use Only	
NCSC Business Affiliation	
ID Assigned	
Date Customer Contacted	Initials
Comments	