



NCOA^{Link}® PROCESSING ACKNOWLEDGEMENT FORM

The collection of information on this Processing Acknowledgment Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service (USPS) requires that each NCOA^{Link} Licensee have a complete NCOA^{Link} PAF for each of their NCOA^{Link} customers prior to providing the NCOA^{Link} 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 original or a photocopy or facsimile representation of the original document.

LIST OWNER

I, the undersigned, an authorized representative of:

Company Name		
Address		
City	State	ZIP+4
Telephone Number	E-mail Address	NAICS
Parent Company Name		
Marketing or DBA Company Name or Primary Affiliate Company Name		
Name (Please print)	Title	
Signature	Date	

do hereby acknowledge that I have received and reviewed the NCOA^{Link} Information Package supplied to me by an NCOA^{Link} Full Service Provider Licensee. I also understand that the sole purpose of the NCOA^{Link} service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA^{Link} 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

BROKER/AGENT LIST ADMINISTRATOR (Check applicable box)

PostMark Inc.		
Business Name (Please print)		
390 Cassell Street	Winston Salem, NC 27104-4132	
Address	City/State/ZIP+4	
Richard S. Vann	President	
Name (Please print)	Title	
Signature	Date	
336-722-2886	RSVann@PostMark.ws	541860
Telephone Number	E-mail Address	NAICS

For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID: