



NCOA^{Link}® 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} Licensee have a completed 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 hardcopy document or equivalent alternative.

LIST 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} Information Package supplied to me by InfoUSA®, an NCOA^{Link} Service Provider. 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

infoUSA[®]

Business Name (Please print)

Sandy Irwin

Name (Please print)

Address Hygiene Product Manager

Title

Signature

Date

(715) 387-3400

(715) 486-4185

Telephone Number

Fax Number

BROKER/AGENT **LIST ADMINISTRATOR** (Check applicable box)

NCOAsource

Business Name (Please print)

439 W Plumb Ln

Address

Reno NV 89509

City / State / ZIP+4®

Shawn Evans

Name (Please print)

VP | Client Solutions

Title

Signature

Date

(775) 786-0800 ext. 520

518210

www.NCOAsource.com

Fax: (775) 210-1811

Telephone Number

NAICS

Company Website (optional)

For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID: