

## 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<sup>®</sup> (USPS<sup>®</sup>) requires that each NCOA<sup>Link</sup> Licensee have a completed NCOA<sup>Link</sup> PAF for each of their NCOA<sup>Link</sup> customers prior to providing the NCOA<sup>Link</sup> 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.

LISTOWNER						
I, the undersigned, an autho	prized representative of	f:				
Company Name						
Address						
City				State	ZIP+4	
Telephone Number	NAICS	USPS Mailer ID (optional)		E-mail Addres	E-mail Address (optional)	
Parent Company Name						
Marketing or "DBA" Company Name or Primary Affiliate Company Name			Company Website (o	optional)		
Name (Please print)			Title			
Signature			Date			
do hereby acknowledge that NCOA <sup>Link</sup> Service Provider. lists that will be used for pre movers' lists.	I also understand that paration of mailings. F	the sole purpose of urthermore, I unde	of the NCOA <sup>Link</sup> service erstand that NCOA <sup>Link</sup> i	is to provide a mailir may not be used to c	ng list correction service for reate or maintain new	
LICENSEE						
Bell and Howell, LLC						
Business Name (Please print)						
			Data Services			
Name (Please print)			Title			
Signature			Date			
800-337-0372			585-272-7778			
			Fax Number			
BROKER/AGENT	LIST ADMINISTR	AIUR (Check app	DIICADIE DOX)			
Fineline Printing Group						
Business Name (Please print)						
8081 Zionsville Rd Address			Indianapolis, IN 46268 City/State/ZIP+4			
Justin Bogard			Manager			
Name (Please print)			Title			
Signature						
0			Date			
<u>317-872-4490</u> Telephone Number	<u>323</u> NAIC	110	Date any Website (optional)			

For Licensee Use Only

**Broker/Agent ID:** 

PAF ID:

List Administrator ID: