

## 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<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.

LIST OWNER				
I, the undersigned, an authorized re	epresentative of:			
Company Name				
Address				
City			State	ZIP+4
Telephone Number NAI	CS USPS Maile	er ID (optional)	E-mail Address (optional)	
Parent Company Name				
Marketing or "DBA" Company Name or	Primary Affiliate Company Name	Company Website (optional	ıl)	
Name (Please print)		Title		
Signature		Date		
do hereby acknowledge that I have received and reviewed the NCOA <sup>Link</sup> Information Package supplied to me by <u>Bell and Howell, LLC</u> an NCOA <sup>Link</sup> Service Provider. I also understand that the sole purpose of the NCOA <sup>Link</sup> service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA <sup>Link</sup> may not be used to create or maintain new movers' lists.				
LICENSEE				
Bell and Howell, LLC				
Business Name (Please print)				
Name (Please print)		<u>Data Services</u> Title		
Signature		Date		
800-337-0372 Telephone Number		585-272-7778 Fax Number		
BROKER/AGENT LIST ADMINISTRATOR (Check applicable box)				
BROKER/ACERT LICE	ADMINIOTRATION (OHEOR Applic	Jable box)		
Business Name (Please print)				
Address		City/State/ZIP+4		
Name (Please print)		Title		
Signature		Date		
Telephone Number	NAICS Company	y Website (optional)		
For Licensee Use Only				
PAF ID:	Broker/Agent ID:	List	Administrator ID:	;