

For Licensee Use Only

LSP PAF ID:

FSP PAF ID:

BH LSP PAF ID:

BH FSP PAF ID:

NCOALink® 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.

have the same effect whether i	-	hardcopy documer	nt or ed	quivalent alternative	e.	
Software Product Environmen	t: List	MLOCR				
List Owner (1)	ad raprocentative	of:				
I, the undersigned, an authorized representative of:				Company Name		
Address				Data Services Customer Number 👔		
Address				Data Services Ci	ustomer Number	
City	State			ZIP + 4®	Country	
Telephone Number	NAICS	•		USPS Mailer ID	(optional)	
Parent Company Name (optional)				Email		
Marketing, "DBA", or Primary Affiliate Company Name (optional)				Company Website (optional)		
Name				Title		
		•				
Date (mm/dd/yyyy) do hereby acknowledge that I have received and reviewed the NCOALink				Signature		
NCOALink Service Provider, I a	Iso understand that	at the sole purpose	of the	NCOALink service	ge supplied to me by BCC Soπw is to provide a mailing list correct not be used to create or maintain	tion service for lists
Licensee						
Business Name						
Name				Title		
Telephone Number						
relephone Number				Date		
Signature				Fax Number		
Broker/Agent Lis	st Administrato	or None	1			
usiness Name			Data Services Customer Number (1)			
Address				Email Address		
City				State	ZIP + 4	Country
Name				Title		
Telephone Number	NAICS 🚯			Company Webs	ite (optional)	
		•				
Date (mm/dd/yyyy)				Signature		

LSP Broker/Agent ID:

FSP Broker/Agent ID:

LSP List Administrator ID:

FSP List Administrator ID: