



# NCOA<sup>Link</sup>® 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 representative of:

Company Name

Address

City State ZIP+4

Telephone Number NAICS USPS Mailer ID E-mail Address

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 NCOALink Information Package supplied to me by InfoUSA®, an NCOA<sup>Link</sup> Full Service Provider Licensee. 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

InfoUSA®

Business Name (Please print)

Mohamed Ali

Name (Please print)

Project Manager

Title

Signature

(515) 663-2831

Telephone Number

Date

(402) 996-3422

Fax Number

BROKER/AGENT  LIST ADMINISTRATOR (Check applicable box)

Communication Logistics, Inc.

Business Name (Please print)

19270 N State Road 162

Address

Ferdinand, IN 47579-2761

City / State / ZIP+4®

Darla Hagedorn

Name (Please print)

Project Coordinator

Title

Signature

812-357-2545

Telephone Number

dhagedorn@comloginc.com

E-mail Address

Date

541519

NAICS

## For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID: