

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 US	SPS Mailer ID (optional) E-mail Address (optional)
Telephone Hamber 1, 1, 1, 1, 2	To main addices (spatially)
Parent Company Name	
Talent Company Name	
Marketing or "DBA" Company Name or Primary Affiliate Company N	ame Company Website (optional)
Marketing of DDA Company Name of Filmary Anniate Company N	anie Company Website (optional)
Name (Please print)	Tide
Name (Please print)	Title
Signature	Date
do hereby acknowledge that I have received and reviewed th	ne NCOA ^{Link} Information Package supplied to me by <u>BCC Software, LLC</u> an urpose of the NCOA ^{Link} service is to provide a mailing list correction service more, I understand that NCOA ^{Link} may not be used to create or maintain new
NCOA Link Service Provider. I also understand that the sole pu	urpose of the NCOA Link service is to provide a mailing list correction service
for lists that will be used for preparation of mailings. Furthern movers' lists.	nore, I understand that NCOA may not be used to create or maintain new
LICENSEE	
BCC Software, LLC	,
Business Name (Please print)	
Business Name (Please print)	Data Marketing Services
	Data Marketing Services Title
Business Name (Please print)	
Business Name (Please print)	
Business Name (Please print) Name (Please print) Signature	Title
Business Name (Please print) Name (Please print)	Title
Business Name (Please print) Name (Please print) Signature 800-337-0372	Title Date 585-272-7778 Fax Number
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Business Name (Please print) Name (Please print) Signature 800-337-0372 Telephone Number BROKER/AGENT LIST ADMINISTRATOR (Chemosomers)	Title Date 585-272-7778 Fax Number
Business Name (Please print) Name (Please print) Signature 800-337-0372 Telephone Number BROKER/AGENT LIST ADMINISTRATOR (Chen Point Please print) Business Name (Please print)	Title Date 585-272-7778 Fax Number eck applicable box)
Business Name (Please print) Name (Please print) Signature 800-337-0372 Telephone Number BROKER/AGENT LIST ADMINISTRATOR (Chen Point) Business Name (Please print) 6845 Winnetka Circle	Title Date 585-272-7778 Fax Number eck applicable box) Brooklyn Park, MN 55428
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