



# 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<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.

## LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City

State

ZIP+4

Telephone Number

NAICS

USPS Mailer ID (optional)

E-mail Address (optional)

Parent Company Name

Marketing or "DBA" Company Name or Primary Affiliate Company Name

Company Website (optional)

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 BCC Software, LLC 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

BCC Software, LLC

Business Name (Please print)

Name (Please print)

Data Marketing Services

Title

Signature

Date

800-337-0372

Telephone Number

585-272-7778

Fax Number

**BROKER/AGENT**  **LIST ADMINISTRATOR** (Check applicable box)

Printing Systems Inc.

Business Name (Please print)

12005 Beech Daly Road

Address

Taylor, MI 48180

City/State/ZIP+4

Brian Bonkowski

Name (Please print)

Production Manager

Title

Signature

Date

(734)946-5111 x229

Telephone Number

printingsystems.us

Company Website (optional)

## For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID: