

NCOA^{Link®} PROCESSING ACKNOWLEDGEMENT FORM

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| LIST OWNER | | | | | | |
|---|-------------------------------|------------------------|-------------------------------------|---------------------------|-------------------------|-------------|
| I, the undersigned, an au | thorized representative | of: | | | | |
| | | | | | | |
| Company Name | | | | | | |
| | | | | | | |
| Address | | | | | | |
| Address | | | | | | |
| | | | | | | |
| City | | | | State | ZIP+4 | |
| | | | | | | |
| Telephone Number | NAICS | USPS Mai | ler ID (optional) | E-mail Address (optional) | | |
| | | | | | | |
| Parent Company Name | | | | | | |
| | | | | | | |
| Marketing or "DBA" Compar | nv Name or Primary Affiliat | e Company Name | Company Website (| optional) | | |
| | , , , , , , , , , , , , , , , | | | / | | |
| Name (Please print) | | | Title | | | |
| Name (Flease print) | | | The | | | |
| | | | - | | | |
| Signature | | | Date | | | |
| do hereby acknowledge | that I have received and | d reviewed the NCO | A ^{Link} Information Packa | age supplied to me by | Bell and Howell, LL | <u>C</u> an |
| do hereby acknowledge of NCOA ^{Link} Service Provide lists that will be used for | er. I also understand that | at the sole purpose of | of the NCOA ^{Link} service | e is to provide a maili | ng list correction serv | ice for |
| | preparation of mailings. | Furthermore, I unde | erstand that NCOA | may not be used to c | reate or maintain new | V |
| movers' lists. | | | | | | |
| LICENSEE | | | | | | |
| Bell and Howell, LLC | | | | | | |
| Business Name (Please prir | nt) | | | | | |
| | | | Data Oraciana | | | |
| Name (Please print) | | | <u>Data Services</u> Title | | | |
| | | | The | | | |
| Signature | | | Date | | | |
| Signature | | | Dale | | | |
| 800-337-0372 | | | 585-272-7778 | | | |
| Telephone Number | | | Fax Number | | | |
| BROKER/AGENT | LIST ADMINIST | RATOR (Check app | licable box) | | | |
| | | | | | | |
| Business Name (Please prir | nt) | | | | | |
| | () | | | | | |
| <u></u> | | | 011 (01 1 /710 1 | | | |
| Address | | | City/State/ZIP+4 | | | |
| | | | | | | |
| Name (Please print) | | | Title | | | |
| | | | | | | |
| Signature | | | Date | | | |
| | | | | | | |
| Telephone Number | N/ | AICS Compa | any Website (optional) | | | |
| P | | · | | | | |
| | | For Licens | ee Use Only | | | |

| PAF ID: | Broker/Agent ID: |
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List Administrator ID: