



# 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 original or a photocopy or facsimile representation of the original document.

## LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City

State

ZIP+4

Telephone Number

Postal ID (for future use)

Tax Identification Number (TIN)

NAICS

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 NCOA<sup>Link</sup> Information Package supplied to me by **BCC Software Inc**, 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

**BCC Software Inc**

Business Name (Please print)

**Mark Higgins**

Name (Please print)

**Data Services Manager**

Title

Signature

Date

**800-337-0372**

Telephone Number

**36-3113481**

Tax Identification Number (TIN)

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

**ADVANTAGE MAILING, INC**

Business Name (Please print)

**PO BOX 758**

Address

**WINSTED MN 55395 -0758 -**

City/State/ZIP+4

**JOHN STIFTER**

Name (Please print)

**PRESIDENT**

Title

Signature

Date

**320-485-4000**

Telephone Number

**41-1740843**

Tax Identification Number (TIN)

**541860**

NAICS

## For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID: