

NCOALink® 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.

l, the undersigned, an autho	rized representative of:			
Company Name				
Address				
City			State	ZIP+4
Telephone Number	NAICS	USPS Mailer ID (optional) E-mail Address (option	nal)
Parent Company Name				
Marketing or "DBA" Compar	ny Name or Primary Affiliate	e Company Name Company	Website (optional)	
Name (Please print)		Title		
Signature		Date		
Provider. I also understand	that the sole purpose of the	wed the NCOA ^{Link} Information Packa e NCOA ^{Link} service is to provide a ma t NCOA ^{Link} may not be used to create	iling list correction service for l	lists that will be used for
LICENSEE				
BCC Software, LLC				

Business Name (Please print)			
		Data Marketing Services	
Name (Please print)		Title	
Signature		Date	
<u>800-337-0372</u>		585-272-7778	
Telephone Number		Fax Number	
🖂 BROKER/AGENT 🗌 LI	ST ADMINISTRATOR (Check ap	plicable box)	
Think Patented Business Name (Please print)			
2490 CrossPointe Dr		Miamisburg OH 45342	
Address		City/State/ZIP+4	
Tammy Caserta		Director of Mailing Services	
Name (Please print)		Title	
Signature		Date	
<u>937-353-2299</u>	541860	www.thinkpatented.com	
Telephone Number	NAICS	Company Website (optional)	
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