



NCOA^{Link}® PROCESSING ACKNOWLEDGEMENT FORM

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LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City

State

ZIP+4

813110

Telephone Number

NAICS

USPS Mailer ID

E-mail Address

Parent Company Name

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

Name (Please print)

Title

Signature

Date

LICENSEE

Business Name (Please print)

Name (Please print)

NCOA^{Link} Product Manager

Title

Signature

Date

Telephone Number

Fax Number

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

Business Name (Please print)

Address

City/State/ZIP+4

Name (Please print)

Title

Signature

Date

Telephone Number

E-mail Address

NAICS

For Licensee Use Only

Int ID:

PAF ID:

Broker/Agent ID:

List Administrator ID: