



## NCOALink® Processing Acknowledgement Form (PAF) Instructions

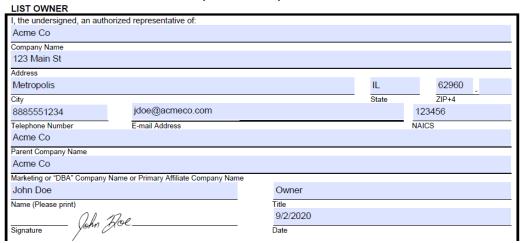
The USPS requires our customers fill out the NCOA Link \* Processing Acknowledgement Form (PAF) in order to run NCOA Link \*. Please complete, sign, scan, and email the form back to us at paf@pbdataservices.com.

• LIST OWNER Section - The section of the form you must complete. All fields required by USPS:

- 1. Company Name
- 3. City
- 5. ZIP + 4 (5-digit zip code; Zip +4 if available)
- 7. Email Address
- 9. Parent Company Name (if no Parent use Company)
- 11. Name (please print)
- 13. Signature (cannot be computer generated)

- 2. Address (must be a physical street address; no PO Boxes)
- 4. State
- 6. Telephone Number
- 8. NAICS \*
- 10. DBA or Affiliate Company Name (if no DBA use Company)
- 12. Title
- 14. Date
- \* Use the NAICS website https://www.naics.com/search/ to find your NAICS code

## Sample of a completed form...



- LICENSEE Section Leave as is
- BROKER AGENT/LIST ADMINISTRATOR Section Leave as is

If you have any questions on how to fill out the form correctly, please email paf@pbdataservices.com or feel free to contact us at (888) 547- 8101.



## NCOA Link® 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 represer	ntative of:		
Company Name			
Address (NO PO BOXES)			
City		Sta	ite ZIP+4
•			
Telephone Number E-mail Ad	dress		NAICS
a	u. 000		
Parent Company Name			
Taront company rame			
Marketing or "DBA" Company Name or Primary	Affiliate Company Name		
Marketing of BB/C Company Name of Filmary	Annate Company Name		
Name (Please print)		Title	
Name (Flease print)		Title	
Signature		Date	
do hereby acknowledge that I have receive NCOA <sup>Link</sup> Full Service Provider Licensee. I correction service for lists that will be used	ed and reviewed the NCO	A <sup>Link</sup> Information Package supplied	to me by <b>Peachtree Data, Inc.,</b> an
NCOA Full Service Provider Licensee.	also understand that the s	sole purpose of the NCOA serv	ICE IS to provide a mailing list
or maintain new movers lists.	nor preparation or mailings	s. i differmore, i dilderstand that i	may not be used to create
LICENSEE			
Business Name (Please print)			
Dasinoss Name (Flease plint)			
Name (Please print)		Title	
Name (Fiedse print)		THE	
Cianatura		Doto	
Signature		Date	
Talanhara Masahan		Face Neverbag	
Telephone Number	INICTO A TOD (C)	Fax Number	
BROKER/AGENT LIST ADM	INISTRATOR (Check app	icable box)	
Business Name (Please print)			
			-
Address		City	State ZIP+4
Name (Please print)		Title	
Signature		Date	
Telephone Number E-ma	il Address		NAICS
For Licensee Use Only			
I OF LIGHTISEE USE OTHY			
PAF ID: FBCC	Broker/Agent ID:	List Admi	nistrator ID: