

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 | 2. Address (must be a physical street address; no PO Boxes) |
| 3. City | 4. State |
| 5. ZIP + 4 (5-digit zip code; Zip +4 if available) | 6. Telephone Number |
| 7. Email Address | 8. NAICS * |
| 9. Parent Company Name (if no Parent use Company) | 10. DBA or Affiliate Company Name (if no DBA use Company) |
| 11. Name (please print) | 12. Title |
| 13. Signature (cannot be computer generated) | 14. Date |

* Use the NAICS website <https://www.naics.com/search/> to find your NAICS code

Sample of a completed form...

LIST OWNER	
I, the undersigned, an authorized representative of:	
Acme Co	
Company Name	
123 Main St	
Address	
Metropolis	IL 62960
City	State ZIP+4
8885551234	jdoe@acme.com 123456
Telephone Number	E-mail Address NAICS
Acme Co	
Parent Company Name	
Acme Co	
Marketing or "DBA" Company Name or Primary Affiliate Company Name	
John Doe	Owner
Name (Please print)	Title
	9/2/2020
Signature	Date

• **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^{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 original or a photocopy or facsimile representation of the original document.

LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address (NO PO BOXES)

City

State

ZIP+4

Telephone Number

E-mail Address

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^{Link} Information Package supplied to me by **Peachtree Data, Inc.**, an NCOA^{Link} Full Service Provider Licensee. I also understand that the sole purpose of the NCOA^{Link} service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA^{Link} may not be used to create or maintain new movers lists.

LICENSEE

Business Name (Please print)

Name (Please print)

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

PAF ID: FBCC

Broker/Agent ID:

List Administrator ID: