



Creative Direct Mail Solutions

Move Update & NCOA Postal Forms

The following forms are required by the U.S. Postal Service in order to mail at discounted postage rates. If you have any questions, please don't hesitate to call your FNBR rep.

Questions? Call Us.
Phone: 888-988-8148

Once complete, fax your completed forms back to us.
Fax: 888-988-8422



Certification of Move Update Compliance

The undersigned authorized representative of (mail owner) _____ hereby acknowledges that mail must meet the Move Update standards in order to qualify for First-Class Mail® Discounted Prices or for Standard Mail® Discounted Prices. The standards for First-Class Mail are set forth in the DMM® 233, 333 and 433, and the standards for Standard Mail are set forth in DMM 243, 343 and 443. The undersigned certifies:

The addresses on all First-Class Mail and Standard Mail submitted to (mail preparer) FNBR Incorporated for mailing at discounted prices have been updated within 95 days of the date the mail is submitted to the Postal Service™ using the following approved address updating process.

CHECK ALL THAT APPLY:

- checkbox NCOALink® product
checkbox One Code ACS™/ ACS™ product
checkbox Appropriate ancillary service endorsement (Including appropriate address record corrections)
checkbox FASTforward® MLOCR via an agreement with (mail preparer) _____
checkbox A National Customer Support Center (NCSC) approved alternate method available to First-Class Mail mailers only who:
(a) are subject to statutory or regulatory restrictions that prohibit changing customer addresses without direct notification from the addressee or a prohibition on the release of address information; or
(b) have an address correction process that effectively produces a Move Update accuracy of a least 99% as measured against the Postal Service Change-of-Address (COA) data. (Attach copy of NCSC Approval for either alternative.)

The undersigned acknowledges and agrees that the (mail owner) _____ will be liable for and will pay, subject to appeals described by postal laws and regulations, any revenue deficiency assessed on discounted First-Class Mail or discounted Standard Mail submitted directly to the USPS® or indirectly through a mailing agent.

(Mail owner) _____ agrees to submit an updated PS Form 6014 to the mail preparer if any information provided on this form changes.

I hereby certify on behalf of (mail owner) _____ that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Printed Name of Signer: _____

Signature: _____

Title: _____

Company Name: _____ Date: _____

Telephone Number: _____

NOTE: This form is valid for up to one year from date signed. This form must be made available to the USPS by mail owner or mail preparer on 24 hours notice.



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

City

State

ZIP+4

Telephone Number

Tax Identification Number (TIN)

NAICS

Find your NAICS at <http://www.census.gov/epcd/www/naics.html>

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 ^{Licensee} Shown Below, 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

Time Customer Service, Inc.

Bill McGlynn

Manager, Sales & Product Development

Phone: 800-723-6262

TIN: 13-3388590

and

Satori Software, Inc.

Hugh Rogovy

President

Phone: 206-357-2900

TIN: 91-1708745

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

FNBR, Inc.

Business Name (Please print)

1907 N U.S. Highway 301, Suite 150

Address

Lou Cilmi

Name (Please print)

Signature

813-988-8148

Telephone Number

Tampa, FL 33619-2639

City/State/ZIP+4

Sales Manager

Title

Date

20-2791425

Tax Identification Number (TIN)

511140 & 541860

NAICS

For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID:

PLEASE FAX COMPLETED FORM BACK TO 888-988-8422