



Presort Accuracy Validation & Evaluation Customer Charge Form

Customer Information

Contact Name _____

Firm/Company Name _____

Street Address, PO Box, or Rural Hwy Contract Route and Box Number _____ Apt/Suite # _____

City _____ State _____ ZIP+4® Code _____

Phone Number _____ Fax Number _____

Product Information

Ven Code: _____ Version Number _____

Product Number _____ Hardware Platform _____

Product Name _____ Software Platform _____

Test Ordered

<input type="checkbox"/> 010	<input type="checkbox"/> 105	<input type="checkbox"/> 207	<input type="checkbox"/> 220	<input type="checkbox"/> 314	<input type="checkbox"/> 607
<input type="checkbox"/> 011	<input type="checkbox"/> 106	<input type="checkbox"/> 208	<input type="checkbox"/> 301	<input type="checkbox"/> 315	
<input type="checkbox"/> 012	<input type="checkbox"/> 107	<input type="checkbox"/> 209	<input type="checkbox"/> 302	<input type="checkbox"/> 316	
<input type="checkbox"/> 013	<input type="checkbox"/> 108	<input type="checkbox"/> 210	<input type="checkbox"/> 303	<input type="checkbox"/> 317	
<input type="checkbox"/> 020	<input type="checkbox"/> 109	<input type="checkbox"/> 211	<input type="checkbox"/> 304	<input type="checkbox"/> 318	
<input type="checkbox"/> 021	<input type="checkbox"/> 110	<input type="checkbox"/> 212	<input type="checkbox"/> 305	<input type="checkbox"/> 319	
<input type="checkbox"/> 023	<input type="checkbox"/> 120	<input type="checkbox"/> 213	<input type="checkbox"/> 306	<input type="checkbox"/> 320	
<input type="checkbox"/> 024	<input type="checkbox"/> 201	<input type="checkbox"/> 214	<input type="checkbox"/> 307	<input type="checkbox"/> 321	
<input type="checkbox"/> 025	<input type="checkbox"/> 202	<input type="checkbox"/> 215	<input type="checkbox"/> 308	<input type="checkbox"/> 322	
<input type="checkbox"/> 101	<input type="checkbox"/> 203	<input type="checkbox"/> 216	<input type="checkbox"/> 309	<input type="checkbox"/> 323	
<input type="checkbox"/> 102	<input type="checkbox"/> 204	<input type="checkbox"/> 217	<input type="checkbox"/> 311	<input type="checkbox"/> 330	
<input type="checkbox"/> 103	<input type="checkbox"/> 205	<input type="checkbox"/> 218	<input type="checkbox"/> 312	<input type="checkbox"/> 600	
<input type="checkbox"/> 104	<input type="checkbox"/> 206	<input type="checkbox"/> 219	<input type="checkbox"/> 313	<input type="checkbox"/> 602	

Evaluation Charges

Initial test(s): X \$250 =
(Test file \$50, test evaluation \$200)

Additional test(s): X \$35 =
(Test file \$10 each, test evaluation \$25 each)

Total:

Reason for Charges

Cycle _____

_____ round testing

Out of cycle order

Payment

Payment Method
 Make check or money order payable to "United States Postal Service"

Check Money Order Visa MasterCard
 Discover Diners Club American Express

Card #

Card expiration date: ____/____
 (MM/YY)

Authorized Personnel (please print) _____

Signature _____

The signature above indicates that signee accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.

Mail* or fax completed order form to:

ACCOUNTS RECEIVABLE
 NATIONAL CUSTOMER SUPPORT CENTER
 UNITED STATES POSTAL SERVICE
 6060 PRIMACY PKWY STE 101
 MEMPHIS TN 38188-0001

FAX: 901-681-4409

** If paying by check or money order, mail payment and completed order form to the address above.*

For USPS Use Only

Control Number _____

Check Number _____