



Periodicals Accuracy Grading and Evaluation User's Application

To avoid delays in processing, complete this form in its entirety.

Customer Information (Please print)

Current Software Used	Current Version Number
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Program Contact

Company Name

Complete Street Address, PO Box, Hwy Contract, or Route Number	Apt/Suite #
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City	State	ZIP+4 Code
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Phone Number (Include area code)	Fax Number (Include area code)	Email Address
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Type of Company
 Publisher Printer Other: _____

Type of Exam/Test Level and Total Quantity
 Bound/Executive – Quantity _____ Unbound/Executive – Quantity _____ Associate – Quantity _____

Your Company's PCSC Contact _____ Your Post Office of Entry _____

Address of Entry Post Office	Phone Number (Include area code)
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Ordering Information

1 Examination Package. – Includes exam for each participant.

Quantity	Price	Purchase Amount
<input type="text" value="1"/>	X \$25.00 =	\$ <input type="text" value="A"/>

2 PAGE Reference Kit *Support materials glossary, Customer Support (References) and Postal Explorer CD.*

<input type="text" value="2"/>	X \$20.00 =	\$ <input type="text" value="B"/>
	X \$15.00 =	
	(qty less than 20)	
	(qty 20 or more)	

Temporarily Unavailable.

Multiply the quantities in blocks 1 and 2 by the prices shown and enter the purchase amounts. Add blocks A and B to calculate the total. Then complete the billing information below. **NOTE: Users have 30 days from the date of mailing to complete ALL 3 portions of the tests and return them to the NCSC for evaluation.**

\$ <input type="text" value="Total"/>

Payment Information

PAYMENT METHOD
Make check or money order payable to "United States Postal Service."

Check Money Order Visa MasterCard
 Discover American Express

Express Mail Corporate Acct. #

Credit Card #

Card expiration date: ____ / ____

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.

For USPS Use Only

Control Number:

Check Number:

BILL TO

Complete only if different than mailing address.

Attention

Company

Address

City, State, ZIP+4 Code

Mail* or fax completed form to:

ACCOUNTS RECEIVABLE - PAGE
 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 form to the address above.

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