

# DPV<sup>®</sup> Key Personnel

## LICENSING CONTACT: (Primary contacts for licensing issues)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
Phone: ( ) - Ext: \_\_\_\_\_ FAX: ( ) -  
Primary Contact: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 1: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 2: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_

## SITE CONTACT: (Primary contacts for operational issues)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
Phone: ( ) - Ext: \_\_\_\_\_ FAX: ( ) -  
Primary Contact: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 1: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 2: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_

## FULFILLMENT CONTACT: (Primary contacts for product fulfillment)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
Phone: ( ) - Ext: \_\_\_\_\_ FAX: ( ) -  
Primary Contact: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 1: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 2: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_

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## TECHNICAL CONTACT: (Primary contacts for technical issues)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
Phone: ( ) - Ext: \_\_\_\_\_ FAX: ( ) -  
Primary Contact: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 1: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 2: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_

## MARKETING CONTACT: (Information to be posted on USPS RIBBS Website YES NO)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
Phone: ( ) - Ext: \_\_\_\_\_ FAX: ( ) -  
Primary Contact: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 1: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 2: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Company Web site: \_\_\_\_\_  
Customer Service Email: \_\_\_\_\_  
Customer Service Phone: \_\_\_\_\_

## BILLING CONTACT: (Primary contacts for billing issues)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
Phone: ( ) - Ext: \_\_\_\_\_ FAX: ( ) -  
Primary Contact: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 1: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_  
Alternate Contact 2: \_\_\_\_\_  
Phone: ( ) - Email: \_\_\_\_\_