



# DELIVERY UNIT SUMMARY

To request *Domestic Mail Manual* (DMM) A920 Service, please complete this form **IN IT'S ENTIRETY**, sign and mail it and your electronic address file or address cards to the appropriate address shown on the back.

### Customer Information:

5-Digit ZIP Code® Submitted:	Submitting: <input type="checkbox"/> Cards <input type="checkbox"/> Address File	No. of Boxes/Containers/Files Submitted:	Date Submitted:
Address Groups: <input type="checkbox"/> City Residential <input type="checkbox"/> City Business <input type="checkbox"/> City Residential/Business <input type="checkbox"/> Rural <input type="checkbox"/> PO Box <input type="checkbox"/> All			
Are you a current Computerized Delivery Sequence (CDS) Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your CDS customer number:			
Company Name:			
Primary Contact:		Secondary Contact:	
Mailing Address:			
City:		State:	ZIP+4®:
Billing Address (If different from mailing address):			
City:		State:	ZIP+4:
Primary Contact Phone Number: (    )	Primary Contact Fax Number: (    )	Primary Contact Email Address:	
Secondary Contact Phone Number: (    )	Secondary Contact Fax Number: (    )	Secondary Contact Email Address:	

If qualified, do you wish to receive Electronic CDS files?  
 Yes     No  
If yes, how often:     Weekly     Bimonthly  
If yes, billing option:     Bimonthly     Annually  
Do you rent/lease your lists?     Yes     No

CDS Medium Selection (If qualified, select one)				
	<input type="checkbox"/> 3480 Cartridge	<input type="checkbox"/> CD-ROM	<input type="checkbox"/> Email (3 meg)	<input type="checkbox"/> HTTPS
Density:	38K BPI	—	—	—
Label Option:	NL	NL	—	—
Character Set:	EBCDIC	ASCII	—	—
File Name:				

### Level Of Service Requested: (select one)

Sequencing of Addresses (A920.2.0)  
 Sequencing of Addresses, plus identify location of missing addresses (A920.3.0)  
 Sequencing of Addresses, plus adding missing or new addresses (A920.4.0) (Required for CDS qualification)

Customer acknowledges, by his/her signature below, that the above named individuals are authorized to act on behalf of their company in matters regarding acquisition of sequencing information from the United States Postal Service®. Customer also acknowledges that he/she understands the terms and conditions outlined in the *Domestic Mail Manual* (DMM) Section A920, the Electronic Address Sequencing (EAS) Users Guide and in the Computerized Delivery Sequence (CDS) User Guide as they relate to qualification and acquisition of CDS files. Customer acknowledges that fees outlined in the DMM Section R900.20 for address sequence service and agrees to payment in full for all files processed. Customer acknowledges that all requests for processing will be identified on a USPS® password-secured website.

\_\_\_\_\_  
Name of Authorized Company Representative (please print)

\_\_\_\_\_  
Signature of Authorized Company Representative

\_\_\_\_\_  
Date

