



# National Zone Charts Matrix & Labeling Lists Product Order Form

## Shipping Information (Please print)

Contact Name		Company Name	
Street Address, PO Box, Rural/Contract Delivery Service Route and Box Number			
City	State	ZIP + 4® Code	E-mail Address
Telephone Number (Include area code)		Fax Number (include area code)	

## Billing Information (if different from Shipping Information)

Contact Name		Company Name	
Street Address, PO Box, Rural/Contract Delivery Service Route and Box Number			
City	State	ZIP + 4® Code	E-mail Address
Telephone Number (Include area code)		Fax Number (include area code)	

## National Zone Charts Matrix CD-ROM Product Subscription

Order Option:  New Subscription  Subscription Renewal

Quantity	X	\$50.00 each =	Cost
<input type="text"/>			\$ <input type="text"/>

The product is available on an annual subscription basis with periodic updates.

## Labeling Lists Data Product Subscription

Order option:  New Subscription  Subscription Renewal

Media option:  CD-ROM  RIBBS® website downloads\*

Quantity	X	\$60.00 each =	Cost
<input type="text"/>			\$ <input type="text"/>

The product is available on an annual subscription basis with bimonthly updates. Yearly schedules are available online at [http://ribbs.usps.gov/labeling\\_lists/documents/tech\\_guides/schedule.PDF](http://ribbs.usps.gov/labeling_lists/documents/tech_guides/schedule.PDF).

\* This product is accessible via the RIBBS website. Enter a "1" as the quantity if choosing the RIBBS option. To access the Labeling Lists product via RIBBS, you must complete and submit PS Form 8189, *RIBBS Web Access Request Form*, available online at [http://www.usps.com/forms/\\_pdf/ps8189.pdf](http://www.usps.com/forms/_pdf/ps8189.pdf). This form includes instructions for submission. Once the Labeling Lists order form and RIBBS Web Access Request Form are received and processed, an email will be sent to you with notification of website access.

## Important Note

If you plan to replicate one of more copies of either of these products, you must first complete and submit a license agreement along with the appropriate fees. To obtain a copy of this agreement and registration form, please call 800-238-3150.

**No refunds will be made on products returned with the tamper-evident seal broken. Damaged or unreadable media may be exchanged for an identical product.**

## Payment Information

Indicate the method of payment and mail this completed form and payment to the address below.

Please allow ten business days for processing and delivery. Customers needing assistance may contact the Customer Care Department at 800-238-3150. Prices subject to change without prior notice. Returned checks will incur a **\$25.00 fee**.

### Mail order form and payment to:

ACCOUNTS RECEIVABLE  
NATIONAL CUSTOMER SUPPORT CENTER  
UNITED STATES POSTAL SERVICE  
6060 PRIMACY PKWY STE 231  
MEMPHIS TN 38119-5772

FAX: 901-681-4409

### Payment Method

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

- ACH Credit  Check  USPS® Money Order  
 Visa  American Express  MasterCard

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.