

National Zone Charts Matrix & Labeling Lists Product Order Form

Shipping Information (Please print) Contact Name		Company Name							
Street Address, P.O. Box, Rural/Contract Delivery Service Route and Box Number									
City	State	ZIP + 4 [®] Coo	de	Email Address					
Telephone Number (Include area code)			Fax Nu	mber <i>(include are</i>	a code)				
Billing Information (if different from Shipping Information)									
Contact Name		Company Na	ame						
Street Address, P.O. Box, Rural/Contract Delivery Service Route and Box Number									
City	State	ZIP + 4 [®] Coo	de	Email Address					
Telephone Number (Include area code)	Felephone Number (Include area code) Fax Number (include area code)								
National Zone Charts Matrix Product Subscription ¹									
Order Option: New Subscription	Subscri	otion Rene	wal	Quantity	1			Cost	
Media option: EPF (Electronic Produc				N	X	\$60.00 each =	\$		
The product is available on an annual subscription basis with periodic updates. An annual schedule is available online at https://ribbs.usps.gov/index.cfm?page=zonecharts.									
Labeling Lists Product Subscription ¹									
Order option: New Subscription	Subscri	ption Rene	wal	Qua	ntity		[Cost	
Media option: 🗌 EPF (Electronic Produ	ct Fulfill	ment²) 🗌 (CD-RO	М		X \$63.00 each =	\$		
The product is available on an annual subscription basis with periodic updates. An annual schedule is available online at https://ribbs.usps.gov/index.cfm?page=labelinglists.									
Important Notes	<i>J</i> 11515.								
Note 1 : 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, option 6.									
Note 2: These products are accessible via the EPF, Electronic Product Fulfillment, website. Enter "1" as the quantity if choosing the									
EPF option. To access these products via EPF, you must complete and submit PS Form 5116, <i>Electronic Product Fulfillment Web</i> <i>Access Request Form.</i> To obtain a copy of PS Form 5116, please call 800-238-3150, option 6. Please see the address/fax information at the bottom of each form for proper submission, as these two forms need to be sent to different locations. Once both forms are received and processed, an email will be sent to you with notification of website access.									
No refunds will be made on products returned with the tamper-evident seal broken.									
Damaged or unreadable media may be <u>exchanged</u> for an identical product.									
Payment Information Indicate the method of payment and mail this of	ompleter	4		Pay	ment	Method		_	
form and payment to the address below.	ompleted		check o			o "United States Po	stal Se	ervice®"	
Please allow ten business days for processing			H Cred	t 🔲 Check 🛛	USI	PS [®] Money Order			
delivery. Customers needing assistance may concustomer Care Department at 800-238-3150, i		Visa American Express MasterCard							
Prices subject to change without prior notice. Returned checks will incur a \$25.00 fee .			Card #						
Mail order form and payment to:			Card expiration date: $/$						
ACCOUNTS RECEIVABLE				(17)	IIVI/YY)				
NATIONAL CUSTOMER SUPPORT C	Authori	Authorized Personnel (please print)							
UNITED STATES POSTAL SERVICE 225 N HUMPHREYS BLVD STE 501					-7				
MEMPHIS TN 38118-1099		Signatu	ure						
FAX: 901-681-4409		The sig the use	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.						

Privacy Notice: For information regarding our Privacy Policy, visit www.usps.com.