UNITED STATES POSTAL SERVICE®

Delivery Type File
Order Form

1 Customer Shipping Information

Attention:			
Company:			
Complete Street Address, PO Box, or Rural Hwy Contract Route and Box #:			Apt/Suite #:
City:		State:	ZIP+4® Code:
Foreign Country (*If applicable*):		Foreign Postal Code (*If applicable*):	
Phone Number:	Fax Number:	Email Address (*Required for Web download*):	

2 Pricing

Internet via RIBBS = $50.00 per year
(file updated monthly)

Send payment & order form to:
ACCOUNTS RECEIVABLE
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 201
MEMPHIS TN 38188-0001
FAX: 901-681-4409

For questions regarding the Delivery Type Product, please call 1-800-238-3150.

3 Payment Method

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

❑ Check ❑ Money Order ❑ Visa ❑ MasterCard
❑ Discover ❑ Diners Club ❑ American Express

Credit Card #

Card expiration date: ____ /____ T.I.N.:_____

Authorized Personnel (please print)

Signature

The signature above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.