

## Address Information System (AIS) Viewer Order Form

| State Address, PO Box, or Rural/Hwy Contract Route and Box Number    State   ZIP+4®   | Customer Information (Please print)   |                  |                |                              |             |                                      |                                       |                       |  |
|---|---|------------------|----------------|------------------------------|-------------|--------------------------------------|---------------------------------------|-----------------------|--|
| Street Address, PO Box, or Rural/Hwy Contract Route and Box Number    State   ZIP + 4°  | Customer Name   |                  |                |                              |             |                                      |                                       |                       |  |
| Country Name (If outside the U.S.)  Telephone Number (Include area code)  Ordering Instructions  Enter the quantity of each product. Multiply the quantity and the cost then enter the results in the purchase amount.  Product Description Product ID Quantity Cost Purchase Amount  City/State Delivery Type ACS215R X \$50.00 = Delivery Statistic Retrieval ACN215R X \$50.0 | Company Name  |                  |                |                              |             |                                      |                                       |                       |  |
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| Enter the quantity of each product. Multiply the quantity and the cost then enter the results in the purchase amount.    Product Description  | City  |                  |                |                              |             | State                                | ZIP + 4®                              |                       |  |
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| Product Description   | Ordering Instructions   |                  |                |                              |             |                                      |                                       |                       |  |
| City/State Delivery Type ACS215R  | 1. Enter the quantity of each product.  | Multiply the qua | antity and the | cost the                     | n enter the | e results                            | in the                                | purchase amount.      |  |
| County Name Retrieval ACN215R   | <u>Product Description</u> <u>P</u>   | roduct ID        | Quantity       |                              | Cost        |                                      | Purch                                 | ase Amount            |  |
| Delivery Statistic Retrieval ADS215R  | City/State Delivery Type A  | CS215R           |                | X                            | \$50.00     | =                                    |                                       |                       |  |
| AZ4215R  X \$50.00 =  Total Amount Due  Add purchase amounts and enter the total amount due  Payment Options  Indicate the method of payment and mail this completed form and payment to the address below. (Returned checks will neur a \$25.00 fee). Please allow 10 business days for processing and delivery. Customers who need assistance may call ne Customer Care Department at 1-800-238-3150. Prices subject to change without prior notice.  Payment Method  Make check or money order payable to "United States Postal Service"    Payment Method   Mail order form and payment to:  ACCOUNTS RECEIVABLE—AIS PRODUCTS NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201   | County Name Retrieval A   | CN215R           |                | X                            | \$50.00     | =                                    |                                       |                       |  |
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| Payment Method  Make check or money order payable to "United States Postal Service"  Check Money Order Visa MasterCard Discover Diners Club American Express  Card # United States Postal Service Matter Diners Club Matter Di                                      | Payment Options   |                  |                |                              |             |                                      |                                       |                       |  |
| Payment Method  Make check or money order payable to "United States Postal Service"  Check Money Order Visa MasterCard Discover Diners Club American Express  Card # UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201   |   |                  |                |                              |             |                                      |                                       |                       |  |
| Payment Method  Make check or money order payable to "United States Postal Service"  Check  |   |                  |                |                              |             |                                      |                                       | d assistance may call |  |
| Make check or money order payable to "United States Postal Service"  Check  | <u> </u>  | -230-3130.1110   |                | Change                       | without pi  | ioi riotio                           | · · · · · · · · · · · · · · · · · · · |                       |  |
| ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Discover ☐ Diners Club ☐ American Express ☐ NATIONAL CUSTOMER SUPPORT CENTER ☐ UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201   | Male all all and a second and a second as |                  |                |                              |             | nd navn                              | nent t                                | ο.                    |  |
| □ Discover □ Diners Club □ American Express  Card # □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □   | ☐ Check ☐ Money Order ☐ Vis   | sa 🗆 Maste       |                |                              |             |                                      |                                       |                       |  |
| Card # UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201   | □ Discover □ Diners Club □ American Express ACCOUNTS  |                  |                |                              |             |                                      |                                       |                       |  |
|   | Card #  |                  |                | UNITED STATES POSTAL SERVICE |             |                                      |                                       |                       |  |
|   | Card expiration date: /   |                  |                |                              |             |                                      |                                       |                       |  |
| (MM/YY) FAX: 901-681-4409   | Card expiration date:/(MM/YY)   |                  |                |                              |             |                                      |                                       |                       |  |
| Authorized Personnel (Please print)  USPS Use Only  | Authorized Personnel (Please print)   |                  |                | USPS Use Only                |             |                                      |                                       |                       |  |
| Signature   | Signature   |                  |                |                              |             |                                      |                                       |                       |  |
| The signature above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.  | The signature above accepts total responsible   |                  |                |                              |             |                                      |                                       |                       |  |

**PS Form 5111,** April 2004