

Bulk Proof of Delivery Application Payment Authorization

Postal Service[™] Use Only: □ Accepted □ Declined

A. General Information

The party that will be paying for the records must complete this payment authorization form. If a third-party designee will be paying for the records, then the third-party designee must complete this form. This form is required only for customers choosing the Pay As Compiled method of receiving records. It is not required for customers using Express Mail® Manifesting or Signature Confirmation[™] service. Prior to submitting this form, all applicants must complete and submit PS Form 5053, Bulk Proof of Delivery Application

B. Payer Information — (To be c	ompleted b	y either	the maile	r or the	third p	oarty v	who is	s res	pons	ible f	or pa	yment	t.)					
1. Company Name						7. Today's Date												
 Dun & Bradstreet DUNS[®] Number (If you are a third-party designee, please provide your client's DUNS number(s) below in Section D) 					8. Point of Contact													
3. Street Address (Number, street, suite, apt., etc.)						9. E-mail Address of Company Point of Contact												
	10	10. Telephone Number and Extension																
4. City	5. State	6. ZIP+4®			. Fax Nu	umber												
C. Payment Information																		
 12. The person authorized to use the credit card information is payments to this credit card on the original payments to this credit card on the original payments to this credit card on the original payments of the payments credit card number Credit card number Credit card number Name or Company Name (Please print) 	that you (the F date it compile American Exp	vayer) will s the reco	use for all t ords and wi Delinqu withhold delinque the custo	future pa Il mail a rent Paya bulk pro omer's pa	yments payment ment: I of of del d. The P ayment.	for bull t receip f the P ivery re Postal S	k proof ot to the ostal S ecords Service	e add Service . The e will s	e cann Posta tart co	rovide not pro al Serv ompilin	d in Ite	em 3 at	bove. ht, it re compile ain wh	eserve e reco nen it Exp.	es the rds du can p Date	right to Iring a		
Signature D. Client DUNS Number(s)			Date Signe	d														
13. Only a third-party designee who is p party designee cannot receive the c third-party designee must include th	lient's records	without t	he client's c	consent,	which th	e client e clien	DUNS t gives	S num s on P	bers n S Forr	ueeds t m 5053	o com 3, Bulk	plete the Proof	nis ser	ction. livery	Note: Applic	A third- cation. A		
Note: To include more client DUNS nu	mbers, write th	nem on a	separate sl	neet and	staple th	hat she	eet to t	his for	m.									
E. Application Submission Proce	SS																	
14. Fax or mail completed form to:)uestions at	out com	nletina tł	nis forn	n2 () in	tomer	swho	need	techni	cal nror	aram s	accietz	ance r	nav call		

ACCOUNTS RECEIVABLE NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201 MEMPHIS TN 38188-0001 Fax Number: 901-891-4409 Questions about completing this form? Customers who need technical program assistance may ca our Confirmation Services Technical Support Center at 877-264-9693, Option 1. Customers that need payment assistance may call our Customer Care Center at 1-800-238-3150.

15. Notes/Comments (Use an attachment if necessary.)

16. Requestor's Signature