



Electronic Product Fulfillment Web Access Request Form

This form is used to create a Web-based account with the National Customer Support Center (NCSC) which will be utilized to receive (*download*) files for electronic product fulfillment from the Electronic Product Fulfillment (EPF) website. Multiple users within a single organization can download the product(s), however, each user must have a separate EPF account login. Please complete this form and return via United States Postal Service® mail or fax to the address or fax number listed at the bottom of this form. A representative will contact you by phone with details regarding your approved access.

AIS Products	AEC Products	BMA Products	Licensing/Certification Products
<input type="checkbox"/> AIS Viewer <input type="checkbox"/> Carrier Route <input type="checkbox"/> City State <input type="checkbox"/> Delivery Statistics <input type="checkbox"/> eLOT® <input type="checkbox"/> Five-Digit <input type="checkbox"/> Z4Change <input type="checkbox"/> ZIP + 4® <input type="checkbox"/> ZIPMove <input type="checkbox"/> Other (<i>Specify</i>): _____	<input type="checkbox"/> AEC / AECII® CDS Products <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Congressional <input type="checkbox"/> No Stat <input type="checkbox"/> Weekly <input type="checkbox"/> Seeds	<input type="checkbox"/> MAC Batch <input type="checkbox"/> PAVE Other Products <input type="checkbox"/> Labeling List <input type="checkbox"/> Zone Charts <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ACS <input type="checkbox"/> AMS/API <input type="checkbox"/> ANK ^{Link} ® <input type="checkbox"/> CASS™ / MASS™ <input type="checkbox"/> DPV® <input type="checkbox"/> DSF2® <input type="checkbox"/> LACS ^{Link} ® <input type="checkbox"/> NCOA ^{Link} ® <input type="checkbox"/> NCOA ^{Link} ® with ANK ^{Link} ® <input type="checkbox"/> RDI™ <input type="checkbox"/> Suite ^{Link} ® <input type="checkbox"/> Other (<i>Specify</i>): _____

A. Customer Information

1. Name	
2. Job Title	3. Telephone Number (<i>include area code</i>)
4. Company Name	5. Email Address
6. Business Address	7. Corporate HQ Location (<i>if different from your Business Address</i>)

B. Customer Computer Access Authorization

User Responsibility Agreement Statement: I am responsible for Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide update information for the information listed above whenever I change job positions. I agree that misuse of a USPS® computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the Inspection Service.

Requester's Signature	Date
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Manager Responsibility Agreement Statement: I agree that this logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon termination or transfer of the user, I will advise the Computer Systems Security Officer in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

1. Name	2. Date
3. Signature	4. Telephone Number (<i>include area code</i>)

If you have any questions regarding this Web access request form, please contact Electronic Product Fulfillment at 800-331-5747 or via e-mail at BXDMM0@usps.gov; otherwise, forward by mail or fax this completed form with accompanying documentation to:

ADDRESS QUALITY PROGRAMS
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 101
MEMPHIS TN 38188-0001
FAX: 901-681-4582

NCSC Use Only

NCSC Business Affiliation	
ID Assigned	
Date Called Customer	Initials
Comments	