UNITED STATES POSTAL SERVICE ®

Address Information System (AIS) Viewer
Order Form

Customer Information *(Please print)*

Contact Name

Company Name

Street Address, PO Box, Rural/Contract Delivery Service Route and Box Number

City | State | ZIP + 4® Code | E-mail Address

Telephone Number *(Include area code)* | Fax Number *(include area code)*

Billing Information *(if different from Customer Information)*

Contact Name

Company Name

Street Address, PO Box, Rural/Contract Delivery Service Route and Box Number

City | State | ZIP + 4® Code | E-mail Address

Telephone Number *(Include area code)* | Fax Number *(include area code)*

Ordering Instructions

Products available for purchase are the City/State Delivery Type Retrieval, County Name Retrieval, Delivery Statistics Retrieval, and ZIP + 4 Retrieval. The Address Lookup function is free with the purchase of another product. The Address Lookup function is not available for individual sale. All products are based on an annual subscription with monthly updates. This software is compatible with Windows 2000, Windows NT, Windows XP, and Windows 7.

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 Retrieval	ACS215R		X	$ 65.00	=	
County Name Retrieval	ACN215R		X	$ 65.00	=	
Delivery Statistic Retrieval	ADS215R		X	$ 95.00	=	
ZIP + 4 Retrieval	AZ4215R		X	$ 65.00	=	
Address Lookup	*Free with the purchase of another product.*					**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 pay-ment to the address below. Please allow 10 business days for processing. Customers needing assistance may contact the Customer Care Department at 800-238-3150. Prices subject to change without prior notice. Returned checks will incur a **$30.00 fee**.

No refunds will be made on products after download.

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

☐ ACH Credit ☐ Check ☐ USPS® Money Order
☐ Visa ☐ American Express ☐ MasterCard

Card #

Card expiration date: _____ / _____
(MM/YY)

Authorized Personnel *(please print)*

Signature
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.

Mail order form and payment to:

ACCOUNTS RECEIVABLE—AIS VIEWER
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
225 N HUMPHREYS BLVD STE 501
MEMPHIS TN 38188-1099
FAX: 901-681-4409

Do not send credit card information via email!