



# 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 with details regarding your approved access.

AIS Products		BMA Products	Licensing/Certification Products
<input type="checkbox"/> Carrier Route national	<input type="checkbox"/> Other ( <i>Specify</i> ): _____	<input type="checkbox"/> MAC Batch	<input type="checkbox"/> ACS (acct. # _____)
<input type="checkbox"/> Carrier Route by state		<input type="checkbox"/> PAVE	<input type="checkbox"/> CASS™ / MASS™
<input type="checkbox"/> City State national			<input type="checkbox"/> LACS <sup>Link</sup> ®
<input type="checkbox"/> Delivery Statistics	<b>AEC Products</b>		<input type="checkbox"/> RDI™
<input type="checkbox"/> eLOT® national	<input type="checkbox"/> AEC / AECII®	<b>Other Products</b>	<input type="checkbox"/> Suite <sup>Link</sup> ®
<input type="checkbox"/> eLOT by state		<input type="checkbox"/> Labeling List	<input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> Five-Digit	<b>CDS Products</b>	<input type="checkbox"/> Zone Charts	
<input type="checkbox"/> Z4Change	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> _____	
<input type="checkbox"/> ZIP + 4® national	<input type="checkbox"/> Congressional	<input type="checkbox"/> _____	
<input type="checkbox"/> ZIP + 4 by state	<input type="checkbox"/> No Stat	<input type="checkbox"/> _____	
<input type="checkbox"/> ZIPMove	<input type="checkbox"/> Weekly	<input type="checkbox"/> _____	
	<input type="checkbox"/> Seeds		

## 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, 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 Customer Contacted	Initials
Comments	